



2025 Research Annual Report

Townsville Hospital and Health Service

**Townsville
Hospital
and Health
Service**



Research Annual Report 2025



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Message from the Health Service Chief Executive



The Townsville Institute of Health Research and Innovation (TIHRI) Annual Report is a key document that highlights the group's contributions to advancing health research and healthcare, particularly in tropical north Queensland. Throughout 2025, TIHRI has been involved in research activities spanning hundreds of peer-reviewed publications and ethics applications while growing a network of active researchers within the Townsville Hospital and Health Service. The work that has been carried out is evidence of the strong culture of curiosity and excellence within the health service.

Throughout 2025, the health service empowered and backed researchers to carry out and continue their work through support and funding. Through programs like the Study Education Research Trust Account (SERTA) grants our clinicians have tackled distinct northern Queensland health challenges, taking ideas from the research papers and clinical trials directly to the bedside.

The health service's reputation as a leader in healthcare innovation is thanks to the work carried out through the TIHRI. The research work conducted here has been recognised globally and has served as a launchpad for major national and international clinical trials which has provided our regional communities with early access to world-class therapies.

A Year of Growth and Curiosity

Patients and community members are at the heart of what the TIHRI does, ensuring research remains relevant, ethical, and impactful for the people it serves. Since it was first established in 2019, the TIHRI has remained committed to advancing healthcare through world-class consumer-led research.

My sincere thanks and congratulations go to the TIHRI Director Professor Andrew Mallett and his dedicated team. Their passion, energy, and leadership continue to raise the profile of research across our entire health service.



At its core, research is an act of compassion, curiosity, and courage. It requires us to challenge what we know today to shape how we care for patients tomorrow. Congratulations to everyone involved in the many research projects that have and are continuing to improve healthcare delivery, not only in north Queensland but across the world.

Professor Kieran Keyes

Health Service Chief Executive, Townsville Hospital and Health Service

Message from the Executive Director Clinical Governance and Director of Clinical Research

It is wonderful to once again provide this foreword to the 2025 Townsville Hospital and Health Service Research Annual Report. The breadth and depth of research and translational activities occurring across the health service continues to impressively grow and mature. Aligning to the THHS Research Strategic Plan 2023-2026, our vision remains resolute to see research and innovation playing a key function within the health service, especially via ongoing and fortified translation pathways that elevate excellent patient care.

At the core of this, the Townsville Institute of Health Research and Innovation continues to deliver outstanding performance and system leadership. Whilst this continues across research support, facilitation, governance and management activities, it is increasingly agile and responsive to the rapidly evolving sector. This year, we have taken an updated approach to communicating research translation in this Research Annual Report. In addition to routine collection of research impact briefs as concise instruments, their collective messages have been further synthesised and showcased. As important as placing translation at the core of our activities is effectively communicating this, and we hope that this will be a major step to doing this in a novel way at THHS.

Clinical trials continue to perform to a high level with further expansion and consolidation under strong and transparent governance frameworks. In 2025 a contemporary series of policies and business rules has continued to solidify enabling THHS to be well positioned for both sustainable growth as well as benefits realisation for all involved stakeholders. Ongoing business as usual operationalisation of the National Clinical Trials Governance Framework further strengthens this position, ensuring that accreditation standards are part of everyday work and leading to optimal clinical care across the organisation.

The continued growth of our research partnerships throughout 2025 reflects our commitment to building a connected and collaborative research ecosystem. Through strategic alliances, including our partnership with the Queensland Digital Health Centre, and an expanding network of national and international collaborators, we are strengthening the quality, visibility and influence of research undertaken across Townsville Hospital and Health Service. The TropiQ Townsville Research Symposium remains a cornerstone event, celebrating research excellence while bringing together researchers, clinicians, consumers and partners to exchange ideas, establish new collaborations and shape future directions for research and innovation.

Integrated and unique research pathways at THHS are continuing to mature and drive impact. The ACQUIRE and Research Data Lab functions supported by the TIHRI team focusing on research facilitation are now well established. They are ensuring THHS staff are able to make impact across all of local, state, national and international settings, whilst ensuring we maintain a collective and competitive advantage in a system where agility and ingenuity are key elements for success.

Behind every project, publication, clinical trial and innovation featured in this report are people who are passionate about making a difference. Their dedication, generosity and willingness to challenge existing practice continue to foster a vibrant research culture that benefits patients, families and communities throughout our region. We are proud of what has been achieved and excited by the opportunities ahead as we continue to grow, learn and innovate together.



Marina Daly, Executive Director Clinical Governance
Prof Andrew Mallett, Director Clinical Research

2025 Research Highlights

New projects
Authorised

66

Active registered
Clinical Trials

89

Impact

2025 was a year of strong research activity across Townsville Hospital and Health Service. Seventy-two new projects were authorised and 282 peer-reviewed publications were produced — work of notable quality, with a Field Weighted Citation Impact of 1.3.

\$8.9m

Funding

Research was well supported by funding, with \$8.9 million awarded from external grants on which THHS staff were named investigators, alongside \$1,748,268 awarded internally through THHS SERTA grants.

Funding awarded in
external grants

Highlight	Metric
Funding awarded internally via SERTA grants	\$1,748,268
Peer-Reviewed Publications	282
Research Education & Training sessions delivered	27
Ethics applications reviewed	76
Audit, Quality and Innovation (AQUIRE) reviews	156

Beyond research delivery, the health service continued to build capability and maintain robust oversight across training, ethics and quality review.

Health Translation Outcomes

at Townsville Hospital and Health Service - 2025

Executive Summary

In 2025, Townsville Hospital and Health Service (THHS) delivered several high-impact quality-improvement and translational research projects under the AQUIRE framework. These initiatives directly addressed clinical-governance gaps, reduced low-value care, shortened length of stay (LOS), improved medication safety, and enhanced equity for vulnerable populations, including First Nations consumers.

Collectively, the projects align with the THHS Strategic Pillars 2023–2026 (Enhance patient outcomes, Better value care, Improve patient experience) and the National Safety and Quality Health Service Standards.

Key translational outcomes include standardised irrigation protocols saving up to 27 L per chemical-eye-injury case, optimised opioid selection reducing post-arthroplasty LOS and side effects, reduced inappropriate fluconazole prescribing (31% inappropriate rate), and implementation of ACE-proxy Z-codes and multidisciplinary pathways for mental health, nutrition, stroke, and cancer care. These changes have delivered measurable efficiency gains, practice standardisation, and consumer-centred improvements, positioning THHS as a leader in regional translational research.



About this report

This report synthesises outcomes from all 18 AQUIRE-approved projects completed in 2025. It maps findings to the five THHS impact domains — Efficiency, Practice change, Access, Research, and Consumers — and highlights alignment with the THHS Research Strategic Plan 2023–2026. Projects are referenced by their THHSAQUIRE number for traceability. Data were drawn from retrospective audits, chart reviews, cost-utility analyses, and pre/post-implementation evaluations, with project leads providing information via a survey.



The 18 projects at a glance

Every AQUIRE-approved project completed in 2025, with its primary impact domain and headline outcome. Each project is detailed once here and discussed thematically in the sections that follow.

AQUIRE	Project	Impact domain	Key outcome
1777	Standardised eye irrigation protocol	Efficiency	Capped irrigation at 3 L (was up to 30 L); cut unnecessary ED LOS and admissions
1802	Tapentadol vs oxycodone, post-arthroplasty	Efficiency	Shorter LOS; 84% of patients side-effect-free
1798	Fluconazole prescribing audit	Efficiency / Safety	31% inappropriate (83% for candiduria); AMS education targeted
1772	Early-term induction of labour standardisation	Efficiency	Paper-based CM/SMO review eliminated inappropriate bookings
1911	TORS vs radiotherapy, HPV-OPSCC	Efficiency / Research	Cost-utility evidence for value-based policy decisions
1536	NTM pre-treatment protocols	Practice change	Standardised cardiac/visual/audiometric assessment (only 31.2% done before)
1771	Induction-of-labour method audit	Practice change	Dinoprostone preferred for low-risk multiparous; reduced caesarean rate
1660	Ischaemic stroke comprehensive audit	Practice / Research	iEMR documentation gains; 10.5% First Nations; median onset-to-CSC 343 min
1788	Pharmacist routine practice in psychiatry	Practice change	More actionable interventions and safer discharges
1606	Multiaxial classification framework	Practice change	Cross-discipline training rollout planned for 2026
1375	ACE-proxy Z-code analysis	Access & equity	Enables trauma-informed care with no added clinician burden
1717	SMHRU nutrition review	Access / Consumers	80% First Nations consumers; addressed plate waste and cultural mismatch
1716	Cancer-care equity audit (CALD & First Nations)	Access & equity	Identified barriers; recommended cultural tools and officers
1700	Pre-pregnancy counselling audit (diabetes)	Consumers	Advanced patient-centred obstetric decision-making
1753	Renal angiomyolipoma delivery case study	Consumers	Informed complex obstetric planning
1766	Coronary artery disease Leaman-score study	Research	Examined association with Indigenous status to improve diagnostic equity
1863	Infective endocarditis in pregnancy case	Practice change	Drove multidisciplinary protocol development
1890	Melioidosis ED surge audit	Access / Research	57 cases in 2024/25 wet season; risk factors in regional First Nations groups

A full appendix of these projects can be found from page 108 onward.

1. Financial efficiency & resource optimisation

Multiple projects reduced low-value resource use and delivered measurable efficiency gains:

- Eye irrigation (1777): capped irrigation at 3 L (previously up to 30 L), eliminating unnecessary ED LOS and inappropriate admissions.
- Tapentadol vs oxycodone post-arthroplasty (1802): shorter LOS and 84% of patients side-effect-free.
- Fluconazole audit (1798): 31% inappropriate prescribing identified; education and antimicrobial-stewardship involvement targeted to reduce avoidable drug costs and interactions.
- Early-term IOL standardisation (1772): removed inappropriate bookings, reducing workload and associated costs.
- TORS vs radiotherapy cost-utility analysis for HPV-OPSCC (1911): provided evidence for policy-level value-based decision-making.

2. Direct practice change & standardised care

- Standardised NTM pre-treatment protocols (1536): cardiac/visual/audiometric assessment and multidisciplinary pathways implemented across respiratory, infectious diseases, and pharmacy.
- IOL method shift (1771): dinoprostone preferred for low-risk multiparous women, reducing caesarean-section rate and prompting protocol refinement.
- Stroke audit (1660): drove iEMR documentation improvements and time-target work.
- Pharmacist routine practice in psychiatry (1788): increased actionable interventions and safer discharges.
- Multiaxial classification framework (1606): training rollout planned for 2026 to improve cross-discipline communication in developmental-behavioural paediatrics and CYMHS.

3. Access, equity & consumer impact

- ACE-proxy Z-code analysis (1375): enables trauma-informed care without additional clinician burden.
- SMHRU nutrition review (1717): at the Alec Illin Secure Mental Health Rehabilitation Unit (80% First Nations consumers) identified high plate waste and cultural mismatch; recommendations for consumer involvement and cooking programs developed.
- Cancer-care equity audit (1716): for CALD and First Nations populations highlighted barriers and recommended cultural tools and officers.
- Pre-pregnancy counselling audit and renal angiomyolipoma case study (1700, 1753): advanced patient-centred obstetric decision-making

4. First Nations research & engagement

- Ischaemic stroke audit (1660): documented 10.5% First Nations representation and high-risk demographics for targeted prevention.
- Coronary artery disease Leaman-score study (1766): examined association with Indigenous status to improve diagnostic equity.
- Cancer equity project and SMHRU nutrition review (1716, 1717): directly engaged First Nations consumers and advocates.
- Melioidosis ED surge audit (1890): 57 cases in the 2024/25 wet season identified risk factors prevalent in regional First Nations populations.

Together these projects lay the foundation for dedicated 2026 First Nations research priorities under the THHS Strategic Plan.

Mental Health & Nutrition Equity

ACE Z-code proxies (1375), pharmacist interventions in psychiatry (1788), and the SMHRU nutrition review (1717) improved trauma-informed care, reduced drug-related problems, and enhanced culturally appropriate food services for long-stay consumers (average two years), 80% of whom are First Nations.

Maternal & Neonatal Health

Pre-pregnancy counselling in diabetes (1700), the renal angiomyolipoma delivery case (1753), early-term IOL standardisation (1772), and the IOL method audit (1771) optimised planning, reduced inappropriate inductions, and improved multiparous outcomes.

Cardiology & Stroke Care

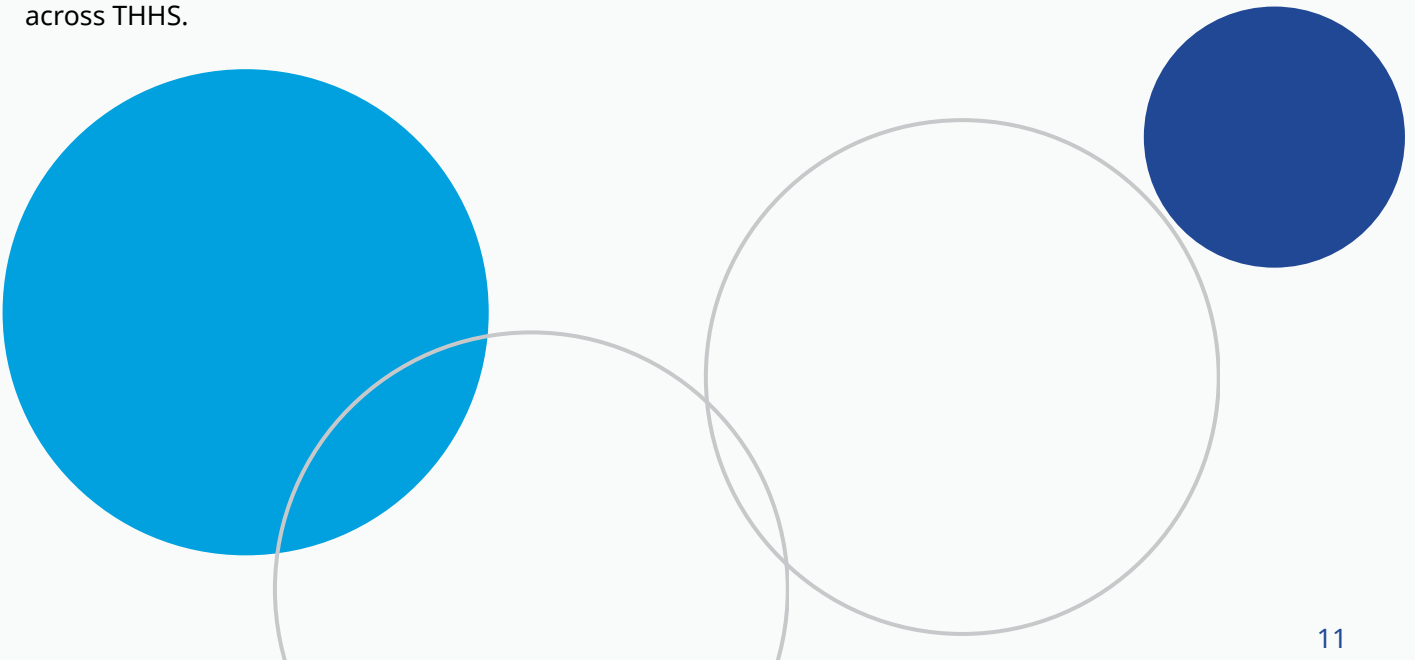
The comprehensive ischaemic stroke audit (1660), coronary artery disease Indigenous-status analysis (1766), and infective endocarditis in pregnancy case (1863) drove documentation improvements, a prevention focus, and multidisciplinary protocols.

Oncology Access & Advocacy

The HPV-OPSCC TORS cost-effectiveness study (1911) and the CALD/First Nations cancer equity audit (1716) support value-based treatment decisions and timely, guideline-adherent care.

Strategic Impact

THHS Research Strategic Plan 2023–2026. All projects align with “Enhance patient outcomes” and “Better value care.” They advance Standard 1 (Clinical Governance), Standard 4 (Medication Safety), Standard 5 (Comprehensive Care), and Standard 8 (Recognising acute deterioration). The body of work strengthens research translation, multidisciplinary collaboration, and consumer engagement across THHS.



Financial & Resource Efficiency Metrics

The following projects demonstrated significant annual savings and resource optimisation through reduction of low-value care:

Metric category	Specific outcome / measurement	Project ID
Irrigation volume & ED LOS	Capped at 3 L (previously up to 30 L); reduced corneal harm and unnecessary admissions	THHSAQUIRE-1777
Opioid selection & LOS	Tapentadol: shorter LOS, 84% no side effects vs oxycodone	THHSAQUIRE-1802
Antifungal prescribing	31% inappropriate fluconazole prescriptions (83% inappropriate for candiduria)	THHSAQUIRE-1798
Early-term inductions	Paper-based CM/SMO review system eliminated inappropriate bookings	THHSAQUIRE-1772
NTM management	Standardised pre-treatment assessments (only 31.2% previously completed)	THHSAQUIRE-1536
Surgical vs non-surgical	Cost-utility evidence for TORS in early HPV-OPSCC	THHSAQUIRE-1911

Clinical volume & access metrics

- Melioidosis surge (1890): 57 cases identified with risk factors and treatment pathways.
- Stroke (1660): median onset-to-CSC time 343 min; 11.7% endovascular clot retrieval.
- IOL multiparous audit (1771): direct pre/post-protocol comparison of caesarean rates and labour duration.

Practice adherence & safety metrics

- Fluconazole appropriateness (1798): improved via education and AMS.
- NTM (1536): treatment rate 32.5%; pre-treatment assessment completion targeted to 100%.
- Pharmacist interventions (1788): increased through routine medicines reconciliation.
- Stroke (1660): documentation and time targets benchmarked for improvement.

2025 TropiQ Research Symposium

The 2025 Townsville TropiQ Research Symposium was held on 28 October and showcased research excellence, innovation and translation from across our region.

Plenary Presentations

Plenary presentations were delivered by two eminent Queensland researchers:



Professor Kym Rae

Principal Research Fellow in Indigenous Health, Mater Research Institute

Professor Rae leads the Strong Families Study and co-leads the Queensland Family Cohort Study alongside its Indigenous Steering committee. She is internationally recognised for her expertise in Aboriginal and Torres Strait Islander health research, working collaboratively with communities to develop research programs using longitudinal cohort approaches. Across her career she has received more than \$14 million in grants towards this work, authored over 60 publications, and, drawing on her strengths in ArtsHealth, curated more than 20 exhibitions.

Presentation

'Co-creating an Aboriginal and Torres Strait Islander longitudinal pregnancy cohort study: The Strong Families Study'

In her presentation 'Co-creating an Aboriginal and Torres Strait Islander longitudinal pregnancy cohort study: The Strong Families Study', Professor Rae shared how the study has been built in genuine partnership with Aboriginal and Torres Strait Islander communities, with community members and an Indigenous Steering committee shaping the research from the ground up. She discussed how co-design and longitudinal cohort approaches can be used to understand the origins of chronic disease and support healthier pregnancies and families, and reflected on the trust, relationships and cultural grounding required to establish strong, enduring research partnerships with First Nations communities in Queensland. In doing so, Professor Rae highlighted both the scientific value and the broader community benefit of research that is led with, rather than done to, the people it is intended to serve.

2025 TropiQ Research Symposium



Professor Michael Reade AM

Director, Greater Brisbane Clinical School; Professor of Military Medicine & Surgery, University of Queensland

A specialist intensive care physician, anaesthetist and clinician-researcher, Professor Reade leads a program of research relevant to military trauma medicine and surgery that holds equal promise for severely injured civilian trauma patients. He served in the Australian Army Reserve and as the full-time ADF Chair from 2011, was appointed a Member of the Military Division of the Order of Australia in 2019, and remains a senior clinical advisor to Joint Health Command of the Australian Defence Force.

Presentation

"Why don't they just follow the guideline?" Lessons in implementation science based on military experience'

In his presentation "Why don't they just follow the guideline?" Lessons in implementation science based on military experience', Professor Reade explored why evidence and clinical guidelines so often fail to translate into consistent practice, and what health services can learn from the military about closing that gap. Drawing on his experience leading clinical services in demanding and resource-constrained environments, he discussed the human, organisational and system factors that determine whether best practice is actually adopted at the front line.

Professor Reade reflected on the role of training, culture, leadership and well-designed systems in supporting clinicians to do the right thing reliably, and on how a structured, implementation-focused approach can help ensure that research findings deliver real improvements in patient care.

Local Researcher Presentations

In addition to two keynote speakers, the day heard presentations from 18 local researchers:

PRESENTER	PRESENTATION TITLE
Corianne Richardson	A 20-Year Retrospective Review of Coronial Recommendations Relating to Mental Health Services in Queensland
Ifeoluwapo Tokun	STRIDE – Strengthening regional implementation of diabetic-foot equity
Michael Inskip	Best Practice Frailty Care capability of Residential Aged Care Facilities in North Queensland: Audit Findings
Alyssa Einhorn	The initial management of paediatric acute leukaemia in regional and remote North Queensland, Australia: how can we improve? A multi-centre retrospective cohort study
Stephanie Caldwell	Ischaemic stroke: A retrospective cohort study from a Comprehensive Stroke Centre in Northern Queensland, Australia
Chidiamara Maria Njoku	Exploring the Experiences of Best Practice Frailty Care Implementation in Residential Aged Care
Melissa Freestun	Through the Lens of Attachment: Exploring Adult Attachment, Psychological Birth Trauma and the Role of Maternity Care Providers
Alyssia Merrick	A Qualitative Exploration of Using Tabletop Gaming to Promote Wellness in Australia
Veronica Graham	Empowering Educators for Brain Healthy Schools
Simone Scully	The impact of cot-side cameras on parent-infant attachment and breastfeeding rates for surgical babies in the neonatal unit
Sonja Brennan	Intergenerational effect of maternal health on infant kidney development, with a focus on First Nations women and infants
Yoga Kandasamy	Indigenous Female Elders and Healthcare Professional experiences and perceptions of providing support to women and families after stillbirth
Robert Kinobe	Trends in Antimicrobial Resistance for Canine Pseudomonas Isolates
Joseph V Moxon	A research program to identify biomarkers for acute ischaemic stroke
Mike Boggild	Exploring regional brain volumes in multiple sclerosis with early or delayed high efficacy treatment
Dunindenti Rye	SUSPECT Study: Surgical Skin Preparation Effect on Complications in Trauma Study
Md. Mizanur Rahaman	Harnessing gut microbiome: Plant-based interventions for inflammatory bowel disease
Breanna Spring	Advancing trauma research capacity: building on SERTA grant success



Prof Kym Rae and Prof Michael Reade AM



TAAHC Mentorship Grant Award winner: Imagion Caryle-Brauer with TAAHC Chair, Sharon Kelly.



Manasi Hegde

2025 Research Symposium Awards & Research Translation Challenge

Award Winners

The Symposium recognised outstanding contributions across two categories:

Best Poster: Dr Ines Zuchowski, Albert Kuruvilla, Grace Jefferson, Rebecca Wielandt

Best Oral Presentation: Dr Sonja Brennan — Intergenerational effect of maternal health on infant kidney development, with a focus on First Nations women and infants.

Research Translation Challenge

The 2025 Symposium again included the popular Shark Tank session, in which staff were invited to pitch their ideas for translational projects to a panel of judges — ideas that could lead to improved health outcomes for individuals, communities, and the functioning of the health system. Four visionary pitches took centre stage, each addressing a unique gap in care with innovative, evidence-backed solutions.

Non-Invasive Fundus Imaging in ICU Patients

Led by primary investigator Manasi Hegde and supervised by Dr Siva Senthuran and Stephen Whebell, this project pitched the clinical implementation of routine retinal imaging within the Adult Intensive Care Unit at Townsville University Hospital. Backed by international evidence showing that 34% of septic ICU patients exhibit retinal lesions, the team demonstrated how using the retina as a distinct biological marker can identify underlying systemic illnesses such as diabetes and hypertension — directly altering acute clinical care and post-discharge follow-up.

The BUSH BABE Initiative

Dr Zoe Byrne pitched Biomarker and Ultrasound Screening in High-Risk Pregnancies — Bridging Access for Birth Equity, a multidisciplinary collaboration aiming to revolutionise antenatal care across North Queensland. The project introduces point-of-care Placental Growth Factor (PlGF) biomarker testing into the TUH Maternal-Fetal Medicine clinic to rapidly differentiate between pathological fetal growth restriction and healthy, constitutionally small babies. Delivering results within 15 minutes, the tool empowers regional clinicians to make real-time decisions and safely reduce unnecessary, costly tertiary hospital transfers for rural families.

Through Patients' Eyes – The Human Connection

Addressing the critical issue of compassion erosion during early clinical training, Dr Joanna Longley and Dr Mahima Balaji pitched a half-day immersive simulation workshop. The program temporarily strips participating medical students of their autonomy – requiring them to wear hospital gowns, surrender personal belongings, eat thickened fluids, and be fitted with routine medical equipment such as IV cannulas and oxygen masks amid real hospital auditory soundtracks. Complemented by structured debriefs and real patient storytellers, the workshop aims to cultivate emotionally intelligent, reflective junior clinicians across the TAAHC network.

Physiotherapy Pre-Admission Clinic for Upper Abdominal Surgeries

Imagion Carlyle-Brauer, alongside team members Luke Ibell, Eve Miller and William Morrissey, pitched a targeted pre-operative physiotherapy clinic to combat postoperative pulmonary complications. Referencing robust multi-centre data from the LIPPSMAcK POP trial – which showed that a single 30-minute pre-surgical education session halves the incidence of hospital-acquired pneumonia – the team proposed delivering evidence-based training on lung volume mechanics, coughing exercises and early targeted ambulation. Implemented via outpatient clinics or telehealth, the project aims to significantly optimise inpatient surgical flow and reduce hospital expenditure.

Research Translation Challenge Finalists

Team Members	Project
Zoe Byrne	BUSH BABE: Biomarker and Ultrasound Screening in High-Risk Pregnancies — Bridging Access for Birth Equity
Imagion Carlyle-Brauer	Feel Stronger, Breathe Easier, Recover Faster! Implementing a Physiotherapy Pre-Admission Clinic for Upper Abdominal Surgeries
Manasi Hegde	A Novel Initiative — Non-Invasive Fundus Imaging in ICU Patients at a Tertiary Hospital

2024 Shark Tank Project Update

In the inaugural Shark Tank session in 2023, a total of eight projects were pitched to the judges. At the 2025 Symposium a summary of the progress of these projects was provided, with all projects having progressed positively over the past year, and a total of more than \$282,000 in additional funding secured by the project teams — leveraging the \$24,000 in grants that were awarded through the 2023 Shark Tank Challenge.

One of the winning projects from 2023, the HOPE (Helping Our Patients Eat) project, has already shown positive impact on improving patient health and engaging with community volunteers.



Our Achievers

The 2025 Research Excellence Awards were presented by THHS Board Members Georgina Whelan and Michelle Morton at the Symposium dinner following the TropiQ Research Symposium. Award recipients included:



Prof Kunwarjit Sangla

Researcher of the Year



TREAD Research Group

Research Group of the Year

Led by Prof Usman Malabu

Perinatal Research Group

Research Group of the Year

Led by Prof Yoga Kandasamy

Louisa D'Arrietta

Rising Star Award

Trudie Harris

Research Support Award

Research Excellence Awards

The TropiQ Research Excellence Awards 2025 honoured the researchers and teams whose work is improving health outcomes across northern Queensland. Congratulations to all nominees and recipients, whose dedication to high-quality, patient-centred research continues to strengthen our culture of inquiry and innovation.



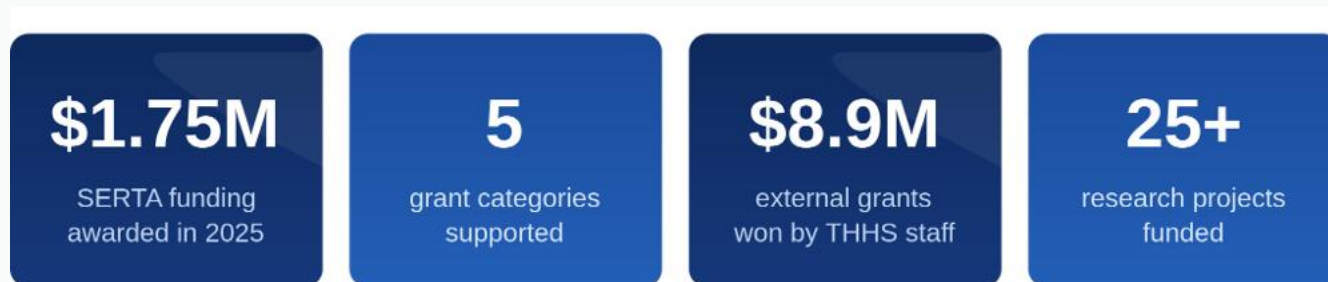
Research Grants 2025

Investing in discovery, capability and better health for North Queensland

2025 Study Education Research Trust Account (SERTA) Grants

The SERTA grant scheme is an important research funding stream supporting THHS staff to advance research and develop capacity and capability, and to drive discovery and translation through projects with the potential to deliver better health outcomes and service improvements for northern Queensland communities.

A total of \$1,748,268 was awarded across five grant categories in 2025.



SERTA funding by category

Total awarded across five categories: \$1,748,268





Project Grants

Specialised expertise, equipment and study dissemination

Research Project Grants support the engagement of specialised external expertise; the acquisition of equipment, software, tests and other operating costs; and study dissemination.

Investigator	Grant / Project Title	Service Group
Miss Sarah Deacon	Co-design and evaluation of a digital health application for head and neck cancer patients at Townsville University Hospital	Allied Health
Dr Reshma Shakya	Spatial Immune Profiling of Locally Advanced Cutaneous Squamous Cell Carcinoma (laCSCC) in Regional Australia	Corporate
Dr Joel Wight	Improving the diagnostic accuracy of tests for haematological malignancies in resource-limited settings (RLS)	Medical
Dr Matan BenDavid	The cost of complex trauma care in North Queensland	Surgical
Dr Newsha Ghadhiry Noferest	Adipose and Fibrofatty Deposits in Chest Muscle and Hearts of Diabetic and Non-diabetic Patients Across a Wide Range of BMIs	Surgical
Dr Scott Whiting	Selective prophylactic endovac therapy after oesophagectomy	Surgical
Dr Zoe Byrne	From Lab to Land: Making High-Tech Pregnancy Care Rural-Ready	Women's & Children's

Individual Project Grant amounts total approximately \$625,892 — the SERTA balance after Fellowship, Seed and Capacity Building awards.



Research Fellowship Grants

Protected time for staff in research higher degrees

Research Fellowship Grants support THHS staff enrolled in research higher degrees (e.g. PhD) or within five years of completing one, providing protected time to undertake research and progress toward a qualification or external competitive funding.

Investigator	Grant / Project Title	Service Group	Awarded (\$)
Ms Corianne Richardson	Coaching of Clinical Nurses in a Mental Health Setting: An Exploratory Case Study	Mental Health	\$138,056
Dr Malak Habib	Improving refractive outcomes following cataract surgery	Medical	\$60,029



Research Seed Fellowship Grants

Supporting early-career THHS researchers

Research Seed Fellowships support early-career THHS researchers, including staff not yet enrolled in a research higher degree and who have not held a competitive research grant as lead or chief investigator.

Investigator	Grant / Project Title	Service Group	Awarded (\$)
Ifeoluwapo Tokun	AWAiRE-Q – Assessing Willingness and Readiness to Enable Instant Total Contact Casting for DFU Management in Rural Queensland	Allied Health	\$63,832
Mariann Hadland	Exploring Midwives' Experience in Continuity of Care Models in North Queensland – MidEx-NQ	Women's & Children's	\$69,581
Melinda Gusmeroli	RAMP-GP: Reviewing At-risk patients in a Multidisciplinary Primary care GP practice to reduce hospital admissions	Rural Services	\$70,000
Mettassa Zaro	Building a First Nations Research Workforce at Townsville HHS: The Research Starter Program	Corporate	\$58,866

Research Capacity Building Grants

Dedicated research and technical support for teams

Research Capacity Building Grants give research groups access to dedicated research or technical staff employed within THHS, supporting delivery of a program of research and building capacity within a group or department.

Investigator	Grant / Project Title	Service Group	Awarded (\$)
Mr Mettassa Zaro	Building a First Nations Research Workforce at Townsville HHS: The Research Starter Program	Corporate	\$140,000
A/Prof Michael Boland	Townsville University Hospital Orthopaedic Research Program	Surgical	\$140,000
Dr Sananta Dash	Capacity building and supporting research program in Townsville University Hospital ICU (TUH-ICU)	Surgical	\$140,000
Prof Rachel Walker	APRICOT-NQ: Advancing Pressure Injury Risk Classification & Outcome Testing – North Queensland	Women's & Children's	\$140,000
Dr Sonja Brennan	Developing novel tests to detect fetal growth restriction in regional and remote areas	Women's & Children's	\$102,012

External Grants

Prestigious nationally competitive funding won by THHS staff

THHS staff were investigators on a number of prestigious external grants awarded in 2025 — including major NHMRC, MRFF and NQ-focused trauma research funding totalling more than \$8.9 million.

Investigator	Funding Body	Grant / Project Title	Awarded (\$)
Vinay Gangathimmaiah	MRFF Clinical Trials & Cohort Studies	Optimal Evaluation of Acute Limb Pain in Children Presenting to the ED	\$3,100,000
Jonathan Golledge	NHMRC	Walk and live better: Non-surgical therapies for Australians with peripheral artery disease (PAD)	\$2,477,288
Matan Ben David	Various	Trauma Connect (TCNQ-TOFU), TRAUMA-NQ and Cost of Complex Trauma research in North Queensland	\$2,038,608
A. Mallett, J. Golledge, S. Perks, G. Kingston	NHMRC	TAAHC Accelerator: Connecting Research and Research Translation	\$1,000,000
Daniel Xing	QLD Health Office of Research & Innovation	Queensland Health Targeted Clinical Research Fellowship	\$124,955
Emma Whyte	Emergency Medicine Foundation	Intranasal dexmedetomidine for paediatric procedural sedation in EDs: a prospective study	\$98,200
Vinay Gangathimmaiah	Emergency Medicine Foundation	Co-designed intervention to promote urine culture diagnostic stewardship in a major ED	\$60,114
Daniel Xing	ANZHNCS Research Foundation	Study of circulating human papillomavirus (HPV) in HPV-related oropharyngeal SCC (HPV-OPSCC)	\$10,000

CLINICAL TRIALS MULTISPECIALTY UNIT (CTMS)



Clinical Trials Multi-Specialties Team

Feature Unit | Research Annual Report 2025

Overview

The Clinical Trials Multispecialty Unit (CTMS) continued to strengthen its role in delivering high-quality, ethical and clinically relevant research across northern Queensland through 2025.

The Unit remains committed to improving patient outcomes through access to innovative therapies — particularly for patients with limited or no standard treatment options — while contributing to the sustainability and growth of specialist services. Operating under a multidisciplinary model, CTMS integrates clinical expertise across multiple specialties to support the delivery of world-class clinical trials aligned with both patient needs and organisational priorities.



9

ACTIVE STUDIES

increased from
3 in 2024



95%

TARGET RECRUITMENT

exceeded goals for
two studies



>80%

BENCHMARK KPI

performance
exceeded the KPI



100%

COMPLIANCE

TGA audit: no
deficiencies



11

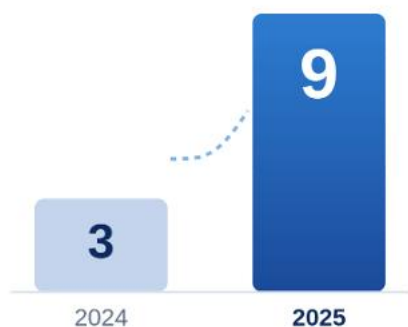
TEAM MEMBERS

plus dedicated
trial management

Growth and service expansion

Active studies tripled year on year as the Unit broadened its specialty base.

3x active studies



SPECIALTY COVERAGE

Established in 2024

Respiratory

Endocrinology

Sexual health

Added in 2025

Cardiology

Neurology

Further specialty expansion planned.

Active studies increased from three in 2024 to nine in 2025, with all current trials sponsor-funded — ensuring financial sustainability as the portfolio grows.

Recruitment performance

Recruitment stayed strong throughout 2025, comfortably above the KPI benchmark.



Achieved **95% of target recruitment** — exceeding goals for two studies with strong retention. Endocrinology led enrolment; active pre-screening underway across other specialties.

Quality and compliance

A Therapeutic Goods Administration (TGA) audit conducted in November 2025 confirmed the Unit’s adherence to all regulatory and ethical requirements, with no deficiencies identified.

TGA audit passed — November 2025
No deficiencies identified across all assessed domains.

1 Participant protection
Robust processes ensuring patient safety, informed consent and confidentiality.

2 Protocol compliance
Full adherence to study protocols, with one delayed SAE report documented as a deviation.

3 Documentation
Complete, accurate and well-maintained records, supported by qualified staff and oversight.

4 Investigational product
Appropriate storage, dispensing and accountability, managed with pharmacy services.

Audit conclusion: the Unit demonstrated consistently high-quality, compliant clinical trial conduct across all assessed domains.

Workforce

A dedicated team underpins efficient delivery across an expanding portfolio.

9 Clinical trial coordinators

2 Administrative officers

+ Dedicated trial management

As at 2025, the Unit comprises nine clinical trial coordinators, two administrative officers, and dedicated trial management — a structure that supports efficient study delivery, participant engagement and regulatory compliance across an expanding portfolio.

Strategic direction

CTMS is well position to continue its growth trajectory. Key priorities include:

Expansion into additional clinical specialties

Development of collaborative research programs

Strengthening recruitment pipelines across all disciplines

Enhancing long-term sustainability through diversified operational streams and interdepartmental collaboration



Allied Health Service Division

The Allied Health Services Division continues to deliver high-quality, patient-centred care across inpatient, outpatient, community and rural settings as an integral part of multidisciplinary teams. Our allied health workforce plays a vital role in improving the health and wellbeing of North Queenslanders, while contributing to innovation and excellence in care.

In 2025, allied health services continued to strengthen their commitment to research and innovation, with professionals contributing to a collaborative and evolving research culture. Through strong partnerships and a focus on translating evidence into practice, the teams are ensuring that research delivers meaningful improvements in patient care and service delivery.

This year has seen continued growth in research output and impact, including peer-reviewed publications, successful grant funding, and participation in key research capacity-building initiatives. Research activity spans a broad range of areas, with projects encompassing digital health innovation, virtual models of care, early intervention and neurodevelopment, chronic disease management, nutrition care, and service delivery in rural and remote settings.

The continued development of research capability reflects the professionalism, commitment and leadership of the allied health workforce. By integrating evidence-based practice and research into everyday care, allied health services are well positioned to respond to the evolving healthcare needs of the communities they serve.

Danielle Hornsby
Director, Allied Health Service



New research projects approved in 2025

PRINCIPAL INVESTIGATOR	DEPARTMENT	STUDY TITLE
Dr Kelvin Robertson	Pharmacy Department	A transition of care service to reduce hospital readmissions for high-risk cardiology patients: protocol for a pre-post interventional trial.
Dr Maria Schwarz	Allied Health	Evaluating the role of the Health Practitioner Level 1 (HP1) workforce.
Sonja Schonfeldt	Physiotherapy	'Inspire Beyond ICU' Inspiratory Muscle Training Pilot Multi-Centre RCT Protocol.
Mr Ben Glenwright	Physiotherapy	Co-designing a Self-Directed Rehabilitation Care Pathway Following Primary Elective Total Hip Replacement.
Dr Harry Stalewski	Physiotherapy	The Use of Negative Pressure Wound Therapy in Acute Paediatric Burns.
Gloria Chiu	Pharmacy	Development and validation of a risk prediction model for medication harm readmissions post-acute myocardial infarction & cardiac surgery.

2025 was another year of change for allied health research, as Dr Tilley Pain transitioned into retirement. Dr Gail Kingston continues to focus on research translation and implementation science with health practitioners. She also supports novice researchers along the quality improvement (QI) to research pathway, providing guidance on developing AQUIRE protocols and project plans.

Dr Kingston has developed strong collaborations with TAAHC, particularly through the Research Translation Course and the Office of the Chief Allied Health Officer's Rural and Remote Research Capacity Building Program

Highlights of the year include:

- 16 research papers published in peer-reviewed journals.
- Successful grant funding applications, including: SERTA — Ife Tokun, assessing capacity and willingness to adopt instant total contact casting for the management of plantar diabetes-related foot ulcers in rural hospitals within THHS.
- Health Practitioner Research Grant — Bede Ashley, Allied Health Team Leader, North Queensland Persistent Pain Management Service: Virtual Reality — Regional Pain Pathway, a targeted pain management model of care using virtual reality for regional North Queensland. (Rachel Pennisi and Amy Rankin, rural physiotherapists, are associate investigators.)
- TropiQ Townsville Health Research Symposium Shark Tank — Translation Challenge 2025: Luke Ibell and Imogen Carlyle-Brauer, 'Feel stronger, breathe easier, recover faster! Implementing a physiotherapy pre-admission clinic for upper abdominal surgeries'.

Dietetics and Nutrition

The Dietetics and Nutrition Department has a growing research profile, underpinned by interdisciplinary collaboration and a commitment to improving patient-centred nutrition care. Research outputs have been widely disseminated through conference presentations, symposiums and publications, reflecting a strong commitment to translating evidence into practice.



KEY RESEARCHERS

- Felicity Dick
- Kate Lovell
- Rachel McMahon
- Sarah Deacon



HIGHLIGHTS

Sarah Deacon, Courtney Fisher and Amy Brown secured THHS SERTA funding for the development of the Heads Up digital health application for patients undergoing treatment for head and neck cancer at Townsville University Hospital. In partnership with James Cook University, the project supports an Honours student undertaking protocol development, ethics and governance, data collection and analysis.



KEY COLLABORATORS

Felicity Dick, Rachel McMahon, Rae Thomas, Lauren Matheson, Corey Patterson, Lindsay Parkes, Katherine Lovell	Bringing HOPE to hospital mealtimes: Effectiveness and implementation of a volunteer assisted model of care
Courtney Fisher, Sarah Deacon, Amy Brown	Co-design and evaluation of a digital health application for head and neck cancer patients undergoing treatment at Townsville University Hospital
Kate Lovell, Felicity Dick, Rachel McMahon, Bonnie Laskey-Gilboy, Monique St Clair, Tamara Bucher	Oral nutrition support preferences of adult inpatient post – surgery in an Australian tertiary regional hospital
Rebecca Zatta, Dave McIntyre	Delivering chronic kidney disease care to adults (over the age of 18) in regional and Far North Queensland



CONFERENCE PRESENTATIONS/PAPERS

- Dick, F., McMahon, R., Thomas, R., Matheson, L., Patterson, C., Parkes, L. & Lovell, K.: "Giving HOPE to Mealtimes: An Evaluation of Implementation Science in Practice" and "Brighter Lives – Shining HOPE on Hospital Mealtimes: A Volunteer-Assisted Mealtime Program." Posters presented at the THHS Research Symposium.
- Dick, F., McMahon, R. et al.: "Helping Our Patients Eat – Implementing a Volunteer-Assisted Mealtime Program." Presentation at the AHTRIP Showcase.
- Dick, F., McMahon, R. et al.: "Bringing HOPE to Hospital Mealtimes: Effectiveness and Implementation of a Volunteer-Assisted Model of Care." Presentation at the Australasian Delirium Association DECLARED Conference.
- Dick, F. et al.: "Bringing HOPE to Hospital Mealtimes: Effectiveness and Implementation of a Volunteer-Assisted Model of Care." Article under review in BMC Health Services Research.
- Zatta, R.: "Delivering Chronic Kidney Disease Care to Adults in Regional and Far North Queensland." Poster presented at the Renal Society of Australasia (RSA) Annual Conference.
- Deacon, S.: "Heads Up: Consumer Engagement for a Head and Neck Digital Health Platform." Oral presentation at the Australian and New Zealand Head & Neck Cancer Society Annual Scientific Meeting.
- Dietetics Research Group: "Oral Nutrition Support Preferences of Adult Inpatients Following Surgery in an Australian Tertiary Regional Hospital." Poster presented at the THHS Research Symposium.

Occupational Therapy



CONFERENCE PRESENTATIONS/PAPERS

- Stacey James - 'Addressing return to driving goals in the community after acquired brain injury: a scoping review' QPILOT
- Stacey James - 'Driving disruption interventions – a scoping review' OT Australia Conference for ABI
- Stacey James - 'Driving goals in the community after ABI: a scoping review' Hopkins Hour Presentation
- Kate Edmonds - 'Enhancing access to specialist spinal cord injury services: Piloting a model of care optimising health outcomes for North Queensland residents with spinal cord injury' NQSCIS Poster Presentation.



KEY COLLABORATORS

Felicity Dick, Rachel McMahon, Rae Thomas, Lauren Matheson, Corey Patterson, Lindsay Parkes, Katherine Lovell

Bringing HOPE to hospital mealtimes: Effectiveness and implementation of a volunteer assisted model of care

**Madeline King
Lee Wilson
Gail Kingston**

Evaluating Occupational Therapy Intervention for mild head injury and concussion at Townsville Hospital Emergency Department. (AQUIRE Audit)

**Kirsten Overton
Nicole Broom**

Introduction and evaluation of Constraint Induced Movement Therapy (CIMT) as routine practice for patients post CVA in North Qld Rehabilitation setting. (AQUIRE Audit).

Townsville Community Allied Health Service

Research activity within the Townsville Community Allied Health Service in 2025 demonstrated strong collaboration with academic and scientific partners, contributing to high-quality published research with international reach. Achamma Joseph was a contributing author to a peer-reviewed publication in Food Science & Nutrition titled 'An introduction to simple saccharides and oligosaccharides, and a decadal review of their analysis in food by ion chromatography and ion chromatography/mass spectrometry'.

Through this collaboration, the service contributed to advancing evidence-based knowledge relevant to nutrition, chronic disease management and food science, while strengthening links between community health services and research institutions.



KEY RESEARCHERS

Achamma Joseph, Senior Dietitian, Townsville Community Allied Health Service.

Project: An introduction to simple saccharides and oligosaccharides, and a decadal review of their analysis in food by ion chromatography and ion chromatography/mass spectrometry



CONFERENCE PRESENTATIONS/PAPERS

- Yates, H.S.A.; Carter, J.F.; Joseph, A.; Chaussende, M.; Fletcher, M.T.; Santiago, V.; Hungerford, N.L.: "An introduction to simple saccharides and oligosaccharides, and a decadal review of their analysis in food by ion chromatography and ion chromatography/mass spectrometry." Food Science & Nutrition (2025).

Physiotherapy



KEY RESEARCHERS

- Anya Gordon
- Bridee Neibling
- Ben Phillips
- Anneke Wake



KEY COLLABORATORS

Ben Phillips, Anneke Wake, Amanda Lanarus, Carol Flavell

An evaluation of the Orthopaedic Physiotherapy Screening Clinic (OPSC) at TUH

Bridee Neibling, Carolyn Brickhill, Ruth Barker, Kathryn Hayward, Moira Smith

Coaching stroke survivors to persevere with practice

Anya Gordon

- Queensland Early Detection & Intervention Network (Advance QLD funded)
- Learning Through Everyday Activities with Parents (NHMRC EU Horizon grant)
- E-PINO: early prediction of infant neurodevelopmental outcomes using novel biomarkers (NHMRC Synergy 2021 grant)
- Pilot testing the clinical audit and implementation of neonatal brain MRI for North Queensland infants at high risk for adverse neurodevelopmental outcomes



CONFERENCE PRESENTATIONS/PAPERS

Physiotherapy

- Luke C, Bos AF, Jackman M, Ware R, Gordon A, Finn C, Baptist D, Benfer K, Bosanquet M and Boyd R. Reproducibility of the Motor Optimality Score-Revised in infants with an increased risk of adverse neurodevelopmental outcomes. DMCN (Published online 10th February 2025)
- Luke C, Benfer KA, Mick-Ramsamy L, Ware RS, Bosanquet M, Reid N, Bos A, Boyd RN, Queensland State-wide LEAP Clinical Group. Predicting neurodevelopmental outcomes in Australian First Nations infants: The transdiagnostic utility of early screening tools. Dev Med Child Neurol. 2026;68:381–393. <https://doi.org/10.1111/dmcn.70003> (published online 25th September 2025)
- Luke, C, Finn, C, Gordon, A, & Boyd, R. (November 2025). The Queensland Early Detection and Intervention Network: state-wide implementation of the International Clinical Practice Guidelines for the early identification of Cerebral Palsy and Neurodevelopmental Disability. Presentation/Workshop at the Rehab for Kids: Shaping futures together Conference (Brisbane, QLD)
- Gordon, A, Bosanquet, M, Luke, C, Benfer, K, Mick-Ramsamy, L & Boyd, R. (March 2025). THHS Engagement in First Nations Cultural Adaptation of the LEAP-CP Early Screening Program. Poster at the PSANZ Annual Congress (Brisbane, QLD)
- Neibling B, Smith M, Barker RN, Hayward KS. Coaching stroke survivors to persevere with practice. Paper presented at: Queensland Rehabilitation Physiotherapy Network Conference; November 2025; Brisbane, Australia.
- Neibling, B., Smith, M., Barker, R. N., & Hayward, K. S. (2025). Coaching stroke survivors to persevere with practice: An observational behavioural mapping study. Clinical Rehabilitation, 39(3), 410-420.

Podiatry



KEY RESEARCHERS

- Jacqueline Harbour
- Henry Wang
- Trent Johnston
- Ife Tokun



STATEWIDE QUEENSLAND HEALTH PODIATRY NETWORK FORUM

- 1 *Instant Total Contact Casting*
Ife Tokun
- 2 *Podiatry in ED: Transforming Acute Foot Management at TUH*
Henry Wang
- 3 *Fluorescence camera technology in diabetic foot ulcer care*
Jacqueline Harbour
- 4 *Clinical Assistants in Podiatry*
Nerida Caden
- 5 *Tele-DFD Clinical Trial*
Christine Hobbs

Feature Story

Bridging the gap in diabetic foot care

Gold-standard treatment steps close to rural communities

A landmark initiative spearheaded by Townsville HHS podiatrist Ife Tokun is set to transform how diabetes-related foot ulcers (DFUs) are managed in regional and rural communities, bringing gold-standard clinical treatments directly to patients' doorsteps.

Diabetes-related foot disease remains a leading cause of preventable hospitalisations and lower-limb amputations across regional Australia. Clinical guidelines point to non-removable, knee-high offloading devices — specifically Instant Total Contact Casting (iTCC) — as the absolute gold standard to heal these ulcers effectively. However, bridging the gap between clinical evidence and everyday practice in regional and remote environments presents unique service delivery challenges.

Following a highly successful clinical implementation of iTCC at the Kirwan Health Campus, the program has fundamentally evolved into the STRIDE initiative (Strengthening Total Contact Casting for Regional Implementation and Diabetic Foot Equity). By embedding this international best-practice treatment into routine care within the Townsville Hospital and Health Service, the project has radically improved local patient access to limb-saving interventions. The extraordinary real-world success of this clinical rollout was recognised with the prestigious THHS Allied Health Award for Enhancing Patient Outcomes.

Building directly on this momentum, Ife Tokun secured a highly competitive \$63,832 THHS SERTA Seed Fellowship Grant to lead the AWAiRE-Q study (Assessing Willingness and Readiness to Enable Instant Total Contact Casting for DFU Management in Rural Queensland).

Key Collaborators

- Townsville Institute of Health Research and Innovation (TIHRI)
- Tropical Australian Academic Health Centre (TAAHC)
- James Cook University (JCU)
- Allied Health Research Collaborative, The Prince Charles Hospital
- School of Public Health and Social Work, Queensland University of Technology (QUT)
- Queensland Research Centre for Peripheral Vascular Disease & The Department of Vascular and Endovascular Surgery, Townsville University Hospital

This mixed-methods health services research project shifts the focus from tertiary hubs to the periphery, systematically evaluating clinical readiness and organisational willingness to adopt iTCC protocols across rural hospitals within the broader Townsville catchment area.

The far-reaching implications of this work have been disseminated broadly to national and state-level healthcare audiences. Throughout the year, findings from the STRIDE initiative were delivered via oral presentations at the National Allied Health Conference, the Australasian Diabetes Congress, and the Queensland Clinical Excellence Showcase. Ife also featured on the MTPConnect Podcast, advocating nationally for regional healthcare equity and discussing the specific structural barriers encountered when deploying high-level innovations to rural and remote clinics.

By empowering regional clinicians and mapping out the precise organisational frameworks required for rural implementation, the program ensures that a patient's geographical location no longer dictates their access to essential, limb-saving diabetic care.

● Key Researcher:
Ife Tokun
Podiatry, Allied Health Services

“

We're humans

before

we're patients





	Project Title	Collaborators
Jacqueline Harbour	Evaluation of Point-of-Care Fluorescence Imaging Camera for Management of Diabetic Foot Ulcers: An Audit	Professor Usman Malabu, Jacqueline Bulbrook
Henry Wang	Evaluation of the High-Risk Foot Podiatry Service in the Emergency Department	Trent Johnston, Gail Kingston
Trent Johnston	Taking the Next Step: How Can Implementation Science Advance Diabetes Foot Care for Rural and Remote Australians?	Angela Byrnes, James Charles, Susanna Cramb, Sarah Jensen, Sarah Larkins, Steven McPhail, Jaap Van Netten, Christina Parker, Ruth Tulleners, Zephania Tyack, Jonathon Gollledge, Peter Lazzarini
Ife Tokun	Assessing Capacity and Willingness to Adopt instant total contact casting for the management of plantar diabetes-related foot ulcers in Rural Hospitals within Townsville Hospital and Health Service	Gail Kingston, Ben Crowley

Psychology

Sheree Menon and Leah Chrisp have presented posters at national WHA maternity conference and Townville Research Symposium poster presentation on reasons for referral to Maternal and Foetal Psychology Service.

Jaymee-Leigh has registered for PhD in Integrating Subjective and Objective Outcomes in Therapeutic Dietary Interventions for Serious Mental Illness – A Mixed-method analysis.

Vidula Garde has completed Pre-Completion seminar for PhD.

- Garde V, Churchill M, Greenslade J, Watt K, Mallett AJ, Morel D. Review article: Somatization Disorders in emergency department: A critical overview of current challenges and future directions. Emerg Med Australas. 2025 Feb;37(1):e70009. doi: 10.1111/1742-6723.70009. PMID: 39936377; PMCID: PMC11815603.
- Garde V, Greenslade J, Lane P et al. Psychological interventions for reducing non-cardiac Emergency Department Re-presentations – A study protocol for Randomized Controlled Trial. [version 1; peer review: awaiting peer review]. F1000Research 2026, 15:565 (<https://doi.org/10.12688/f1000research.164998.1>)
- Garde, V., Churchill, M., Greenslade, J. et al. Overview of somatization through three historical lenses and future directions. Discov Ment Health 6, 44 (2026). <https://doi.org/10.1007/s44192-026-00398-4>

Speech Pathology

Research activity within the Speech Pathology Department in 2025 demonstrated continued achievement, innovation and recognition at local, national and international levels. Courtney Fisher received the Judges' Choice Award for the Shared Model of Care presentation, while Morgan Appleby was awarded the 2025 Aboriginal and/or Torres Strait Islander Early Career Professional Award at the Indigenous Allied Health Australia National Conference. Rebecca Smith was also invited to provide international expert insight into a Japanese Ministry of Health-funded project focused on end-of-life care for older persons with disabilities, reflecting the growing recognition of departmental expertise.

The department also strengthened its research capability through successful grant funding, including a SERTA-funded project led by Courtney Fisher, Sarah Deacon and Amy Brown titled 'Co-design and evaluation of a digital health application for head and neck cancer patients undergoing treatment at Townsville University Hospital'. The project aims to improve patient-centred care and treatment experiences through digital health innovation.



KEY RESEARCHERS

- Courtney Fisher
- Rebecca Smith
- Morgan Appleby
- Sarah Deacon



KEY COLLABORATORS

Courtney Fisher, Sarah Deacon, Amy Brown

Co-design and evaluation of a digital health application for head and neck cancer patients undergoing treatment at Townsville University Hospital

Corey Patterson, Sally Pether, Wendy Comben

"It's the exact same treatment ... except only 5 minutes away": A RE-AIM evaluation of a speech-language pathology shared-care model for rural patients with head and neck cancer

Rebecca Smith

- The effectiveness of the Specialist Palliative Care in Aged Care (SPACE): a repeated cross-sectional evaluation
- Feasible and cost effective: A retrospective cohort study of Palliative Care Needs Rounds in residential aged care



OTHER PROJECTS

- 1 The effectiveness of the Specialist Palliative Care in Aged Care (SPACE): a repeated cross-sectional evaluation
- 2 Feasible and cost effective: A retrospective cohort study of Palliative Care Needs Rounds in residential aged care
- 3 "It's the exact same treatment ... except only 5 minutes away": A RE-AIM evaluation of a speech-language pathology shared-care model for rural patients with head and neck cancer



CONFERENCE PRESENTATIONS/PAPERS

- Fisher, C: "Co-design and evaluation of a digital health application for head and neck cancer patients undergoing treatment at a regional centre" Australia and New Zealand Head and Neck Cancer Society Annual Scientific Meeting.
- Fisher, C: "Delivering Speech Pathology Head and Neck Cancer Care Closer to Home: A Shared Model of Care" Queensland Rural and Remote Clinical Network Annual Forum.
- Smith, R: Invited speaker and panel member at the "PAH Head and Neck Cancer Symposium 2025"
- Smith, R: Panel member for Speech Pathology Australia's "Dysphagia management across populations" live panel event
- Appleby, M: "Exploring barriers and facilitators to appointment attendance for First-Nations patients". Indigenous Allied Health Conference.





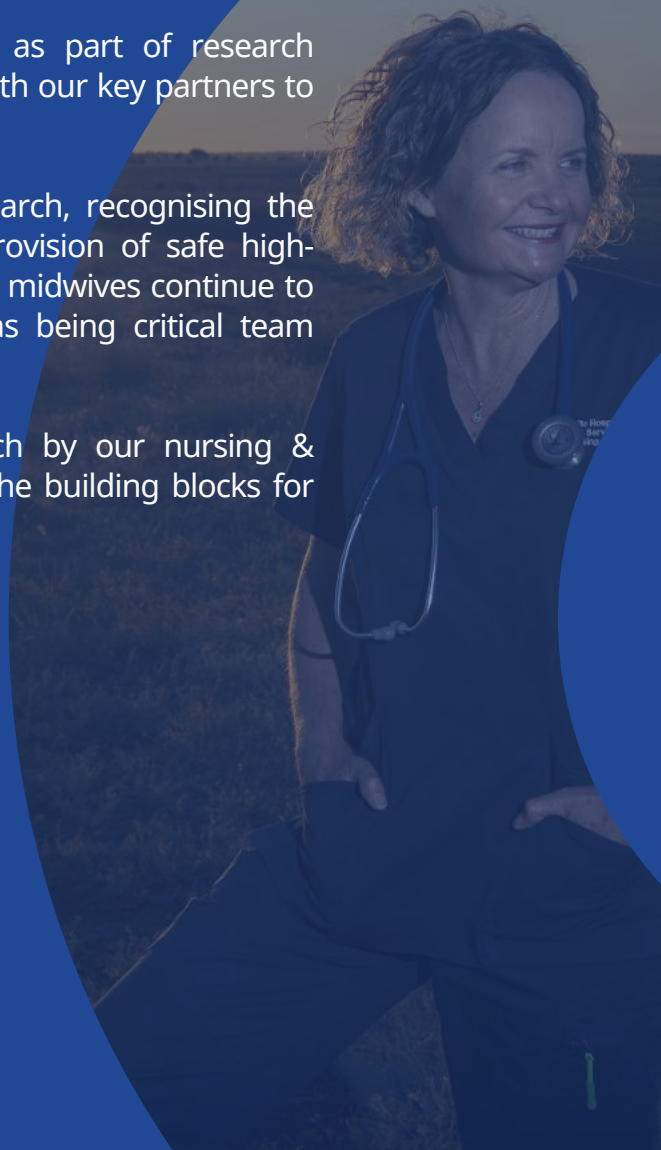
Corporate Services

Corporate services include all professional streams as part of research programs in THHS, the research teams work closely with our key partners to support and deliver research projects.

THHS nurse and midwives continue to support research, recognising the important relationship between research and the provision of safe high-quality care underpinned by best practice. Nurses and midwives continue to participate on profession specific research as well as being critical team members on multi-disciplinary research projects.

The ongoing enthusiasm and dedication to research by our nursing & midwifery teams is extremely positive and supports the building blocks for better clinical care and improved staff experience.

Judy Morton
Executive Director
Nursing and Midwifery



Corporate Services

6 new research projects

New research projects approved in 2025 (incl. whole-of-HHS studies)

PRINCIPAL INVESTIGATOR	DEPARTMENT	STUDY TITLE
Dr Maria Schwarz	Allied Health	Evaluating the role of the Health Practitioner Level 1 (HP1) workforce.
Sharon Forsyth	Clinical Equipment Loan Service (CELS)	Protecting skin from DEvice harm across the liFEspan iN Critical illnEss: The DEFENCE project.
Professor Rachel Walker	Nursing & Midwifery	Evidence, Policy, and PRActice: UNveiling the Gaps in Surgical and Pressure Injury Prevention Care — An Environmental Scan of Four Hospitals.
Sonja Schonfeldt	Physiotherapy	'Inspire Beyond ICU' Inspiratory Muscle Training Pilot Multi-Centre RCT Protocol.
Jenna Grafinni	Townsville Institute of Health Research and Innovation	Priorities for expanding clinical trials in non-metropolitan hospitals in Queensland and the Northern Territory: A holistic multiple-case study approach.
Cindy Sealey	Townsville Institute of Research and Innovation	Consumer and Community Research Partnerships: Enabling capacity and strength in rural, regional, and remote northern Queensland health and medical research.

13

Collaborating
InstitutionsPeer Reviewed
Publications

5

\$210k

SERTA Grant Funding

Feature Story

Breaking Isolation in Clinical Research

A Masterclass in Shared Resilience and Impact

The Townsville Institute of Health Research and Innovation (TIHRI) celebrated the resounding success of the annual Early and Mid-Career Clinician Researcher (EMCCR) and Higher Degree by Research (HDR) retreat. Held off-campus at Co.Habitat on Palmer Street, the two-day event stood as a masterclass in peer mentoring, career strategy, and collective resilience for the health service's emerging research workforce.

Originally established in 2024 through generous funding from charity partner Brighter Lives, the EMCCR cohort was expanded this year to include active HDR candidates from any university. This strategic change targeted a crucial gap in peer connection, ensuring clinical professionals navigating advanced research degrees feel structurally supported and connected.

The retreat brought together a diverse cross-section of allied health, nursing, and medical professionals. Embracing a flexible format, the venue provided a dual-room configuration: an active presentation workspace running concurrently alongside a dedicated "quiet room" where attendees could escape to focus entirely on their own writing and data analysis.

A major highlight of the event was the candid exposure of the unseen struggles behind clinical academic success. When an interstate speaker withdrew three weeks prior to the event, local trailblazers Dr. Amy Brown and Dr. Sonja Brennan stepped in to lead the highly rated Funding Tips & Tricks and Grant Management workshops.

Attendees particularly praised Dr. Brown's "Iceberg of the Grant Process" presentation, which visually contrasted the rare, visible tip of an awarded grant against the massive underwater mass of unseen rejections and revisions that happen beneath the surface.

The weekend also featured deeply impactful career trajectory presentations from Senior Research Officer Dr. Venkat Vangaveti and Professor of Nursing and Midwifery Rachel Walker. Professor Walker's targeted advice to "stay in your lane" and fiercely protect specialised research niches resonated strongly with clinical practitioners balancing heavy operational workloads. For many, the dedicated Research Impact planning session was described as a definitive "lightbulb moment," reframing how localized clinical audits can be systematically leveraged to secure competitive funding and drive broader health policy change.

By stepping away from the busy hospital wards to share their distinct journeys, Townsville's clinician-researchers proved that while everyone's academic path is fundamentally different, no one has to walk it alone.

● **Event:** THHS HDR and EMCCR Research Retreat (August 7–8, 2025)

● **Coordinated By:** Kristine Maddock (TIHRI Executive Support Officer)

● **Supported By:** Brighter Lives Townsville

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*Peer networking
and support is so
very motivating*



Standing L-R: Gail Kingston, Cindy Sealey, Rachel Walker, Alex Ryan, Nathan Engstrom, Marina Bogiatzis, Amy Brown; Seated L-R: Louisa D'Arrietta, Kristine Maddock

Nursing and Midwifery Research Group (NMRG)

A message from the Professor of Nursing and Midwifery - 2025



I am pleased to report and reflect on a productive year in my role as Professor of Nursing and Midwifery at Townsville Hospital and Health Service (THHS). Following my commencement at the hospital in August 2024, much has happened in the nursing and midwifery space, with a focus on strengthening research capacity, fostering collaboration, and progressing a coordinated program of work to embed quality improvement and research into routine nursing and midwifery practice.



RESEARCH IMPACT

Under a coordinated, system-level program, the Nursing and Midwifery Research Team is embedding quality improvement and research into routine practice - advancing nursing-led innovation in pressure injury prevention, continuity of care, and clinical decision support.



KEY COLLABORATORS

- Griffith University
- Southern Cross University
- Gold Coast University Hospital
- Gold Coast Hospital and Health Service
- Yildiz Technical University, Istanbul
- Edith Cowan University
- Deakin University
- Townsville Institute of Health Research and InnovationJames Cook University
- Sunshine Coast Hospital and Health Service
- Sunshine Coast University Hospital
- Tropical Australian Academic Health Centre (TAAHC)*



CONFERENCE PRESENTATIONS

- Smyth W, McArdle J, & Nagle C. (2025, June 9–13). A better view for patients: Findings from a crossover randomised controlled trial of immersive virtual reality in a busy clinical setting [oral presentation]. International Council of Nurses' 25th Quadrennial Congress, Helsinki, Finland.
- Joseph, T., Wicking, K., Smyth, W., & Hartin, P. (2025, November 6–7). Being in Charge: Attitudes, behaviours and perspectives of people coping with Chronic Obstructive Pulmonary Disease (COPD). James Cook University Human Health Symposium / Townsville Research Symposium, Townsville, Australia.
- Joseph T, Wicking K, Smyth W, & Hartin P. (2025, November 6–7). Being in charge: Attitudes, behaviours and perspectives of people coping with chronic obstructive pulmonary disease (COPD). 64th ASMR (Australian Society for Medical Research) National Scientific Conference, Brisbane, Qld.
- Caldwell S. (2025, October 28). Ischaemic stroke: A retrospective cohort study from a Comprehensive Stroke Centre in Northern Queensland, Australia. TropiQ Townsville Research Symposium, Townsville, Australia.



RESEARCH HIGHLIGHTS

- **APRICOT-NQ - SERTA Research Capacity Grant (\$140,000)** Prof Rachel Walker - pressure injury risk prediction & clinical decision support
- **MidEx-NQ - SERTA Research Seed Fellowship (\$69,500)** Mariann Hadland - midwife's experiences of continuity of care models
- **Quality MicroGrant Program launched** - protected time for frontline nurses & midwives to lead QI projects
- **Dr Wendy Smyth OAM presented at ICN congress, Helsinki** - Immersive virtual reality RCT improving quality of life for First Nations patients

Embedding quality improvement and research into routine nursing and midwifery practice



Innovation

In 2025, the NMRT intentionally shifted away from ad hoc engagement in research and quality activities towards a more structured, system-level approach. Early discussions focused on establishing a coherent pipeline to support nurses and midwives to engage in quality improvement and research as core components of professional practice. From this, a Quality MicroGrant Program emerged, with the intention of providing protected time for frontline nurses and midwives to lead locally relevant quality improvement projects. Our aim is to undertake a two-year pilot to competitively fund and support three nurses and/or midwives to undertake quality projects of up to 12 months' duration, with the goal of achieving a peer-reviewed publication, via oversight from THHS Quality & Innovation HQ (AQUIRE).

We also welcomed a new team member, Stephanie Caldwell, whose experience at the Cleveland Clinic (Abu Dhabi), successful 2024 SERTA grant, and recent Masters completion and peer-reviewed publication (via Griffith University) have strengthened the Nursing and Midwifery Research Team (NMRT).

Grants Secured

A highlight for me was success in securing a THHS Study, Education and Research Trust Account (SERTA) Research Capacity Grant. The project, APRICOT-NQ: Advancing Pressure Injury Risk Classification and Outcome Testing — North Queensland, was awarded \$140,000 to support a dedicated research nurse (0.5 FTE for two years), enabling the development of advanced approaches to pressure injury risk prediction and clinical decision support. This grant represents a significant investment in nursing-led, data-driven innovation and provides critical infrastructure to embed research within clinical practice. I would also like to acknowledge Research Nurse Toni McCormack for her significant contribution to the study.

Mariann Hadland secured a SERTA Research Seed Fellowship for MidEx-NQ: Exploring Midwives' Experiences of Continuity of Care Models across Northern Queensland. The project received \$69,580 in funding and is generating important insights into sustaining and scaling models of care in regional and rural contexts, which will inform Mariann's PhD.

Marina Bogiatzis continued her SERTA Research Seed Fellowship Grant awarded in 2024, Improving patient outcomes: the role of perioperative education for people undergoing stoma surgery. This has involved a scoping review of perioperative education for patients undergoing colorectal stoma surgery, currently under review, followed by interviews with Australian stomal therapists and patients who have undergone colorectal surgery resulting in the formation of a stoma.

Vision

Dr Wendy Smyth supervised two Master of Philosophy candidates:

Theresa Joseph (thesis conferred November 2025) '*Attitudes, behaviours, and perspectives of people coping with chronic obstructive pulmonary disease (COPD)*'. Theresa is lead author on two manuscripts arising from her study, currently under review.

Angela E Jones (anticipating submission in the first half of 2026), '*Exploring clinicians' practices, knowledge and attitudes regarding nurse-led urinary catheter removal*'

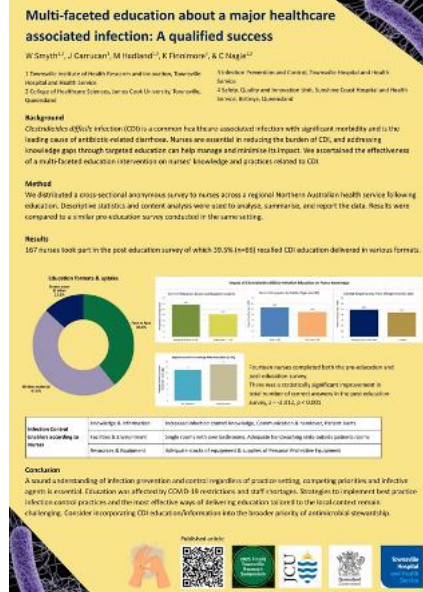
Nursing & Midwifery Conference Posters



Walker RM.
(2025, July 15–17).

Data-driven approach to improve PI risk assessment and classification for all skin. 12th Biennial 'Are You Remotely Interested...?'

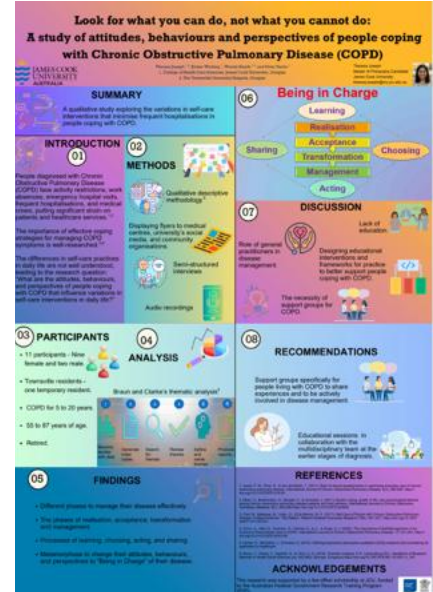
Conference (AYRI 2025): Keeping on Track for Health Equity in the Bush. Murtupuni CRRH (JCU), Mount Isa, QLD.



Smyth W, Carrucan J, Hadland M, Finnimore K, & Nagle C. (2025, October 28).

Multi-faceted education about a major healthcare associated infection: A qualified success [poster presentation]

TropiQ Research Symposium, Townsville University Hospital, Townsville, Queensland.



Joseph T, Smyth W, Hartin P, & Wicking K. (2025, October 28).

Look for what you can do, not what you cannot do: A study of attitudes, behaviours, and perspectives of people coping with Chronic Obstructive Pulmonary Disease (COPD).

TropiQ Townsville Research Symposium, Townsville, Australia

Looking Ahead (2026 Focus)

The NMRT looks forward to continuing this work in the coming year, with a focus on implementing and evaluating these initiatives, strengthening clinical academic pathways, and further embedding a culture of inquiry, innovation, and evidence-based practice across THHS.



Medical Service Group

Research continues to play a critical role in improving the quality, safety and effectiveness of healthcare delivered across the Medical Service Group. Over the past year, our clinicians, researchers, and partners have contributed to an impressive and diverse portfolio of projects that reflect a strong culture of inquiry, innovation, and collaboration. From investigator-led studies to participation in national and international clinical trials, our research efforts are helping to generate new knowledge while improving outcomes for our patients.

A defining strength of our research program is the translation of evidence into everyday clinical practice. Recent work within the Emergency Department demonstrates this principle in action, with a diagnostic stewardship initiative focused on ensuring the right test is performed for the right patient at the right time. This initiative has already demonstrated early but substantial improvements in appropriate testing practices, reducing the risk of unnecessary treatment and improving the value of care delivered to patients. This work exemplifies how clinician-led research can drive meaningful improvements in patient safety, operational efficiency and healthcare outcomes.

I would like to sincerely thank our researchers, clinicians, research coordinators, support staff, and consumers for their commitment to advancing healthcare through research. The achievements highlighted in this report demonstrate what can be achieved through curiosity, collaboration, and a shared commitment to improving patient care. Together, they continue to shape the healthcare of tomorrow while improving outcomes for patients today.

Arrin Wislang

**Service Group Director
Medical Service Group**

Medical Service Group

New research projects approved in 2025

Diabetes & Endocrinology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Kunwarjit Sangla	A research Study to See how a weekly Insulin, Insulin Icodec, Helps in Reducing the Blood Sugar Compared to Daily Inculin Glargine, Both in Combination with Insulin Aspart, in Adults with Type 1 Diabetes

Emergency Department

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Adam Holyoak	Evaluating the effectiveness of early Fibrinogen Concentrate administration for major traumatic haemorrhage in Queensland's prehospital and retrieval medicine setting
Amy Weber	Value-based Use of Blood Cultures in Townsville University Hospital Emergency Department

Endocrinology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Vasant Shenoy	Smartphone and Internet based interactive system to support the management of women with Diabetes in Pregnancy.

Haematology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Vibooshini Ganeshalingam	Clinical Features and Outcomes of Methotrexate-associated DLBCL in EBV positive vs negative group
Dr Hock Choong Lai	C4971006-A Phase 1b/2, Open-Label Study of PF-07901801 in Combination With Glofitamab After a Fixed, Single Dose of Obinutuzumab in Participants With Relapsed/Refractory Diffuse Large B Cell Lymphoma Not Eligible For Stem Cell Transplantation
Dr Edward Morris	A Phase 3, Double-Blind, Randomized, Placebo-Controlled Trial of Quizartinib Administered in Combination with Induction and Consolidation Chemotherapy and Administered as Maintenance Therapy in Adult Patients with Newly Diagnosed FLT3-ITD Negative Acute Myeloid Leukemia.
Dr Joel Wight	A Prospective, Open-Label, Phase IIb/III Study to Evaluate the Safety of Venetoclax in combination with Obinutuzumab or Acalabrutinib with Different Initiation and Ramp-Up Periods in Previously Untreated Patients with CLL.
Dr Joel Wight	MK2140-010 A Randomized, Open-Label, Multicenter, Phase 3 Study of Zilovetamab Vedotin (MK-2140) in Combination With R-CHP Versus R-CHOP in Participants With Previously Untreated Diffuse Large B-Cell Lymphoma (DLBCL)

Hospital in the Home

PRINCIPAL INVESTIGATOR	STUDY TITLE
Louise Harker	Continuous intravenous antibiotic infusion administered via a peripheral intravenous cannula in the Hospital in the Home (HITH) setting

Intensive Care Unit

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Sananta Dash	A prospective, blinded, randomised clinical trial of fludrocortisone compared with placebo in critically ill patients presenting with aneurysmal subarachnoid haemorrhage.
Izza Zahid	Evaluating the patterns of use of persistent post-operative opioid use after cardiothoracic surgery in regional Queensland.

Infectious Diseases

PRINCIPAL INVESTIGATOR	STUDY TITLE
Janine Carrucan	Mapping healthcare-associated infection surveillance across Queensland public hospitals: A descriptive study to identify practice variation and practitioner experience.
Dr Ian Gassie	Epidemiology and Risk Factors of <i>Burkholderia pseudomallei</i> (Meloidosis) in North Queensland, Australia: A Prospective Study.
Dr Carly Hughes	Whole genome sequencing of <i>Burkholderia pseudomallei</i> clinical isolates from Queensland, Australia

Medical Oncology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Abhishek Joshi	An open-label, randomized, controlled phase 3 study of sigvatatug vedotin in combination with pembrolizumab compared with pembrolizumab monotherapy as first-line treatment in participants with pd-l1 high (≥50% of tumor cells expressing pd-l1), locally advanced, unresectable, or metastatic non-small cell lung cancer
Dr Jun Beng Kong	A Phase 1, open-label, multicenter clinical trial of S095035 (MAT2A inhibitor) in adult participants with advanced or metastatic solid tumors with homozygous deletion of MTAP
Dr Jun Beng Kong	An open label, Phase 2 dose-finding and expansion study of BI 765179 as monotherapy and in combination with ezabenlimab (BI 754091) in patients with advanced solid cancers, and BI 765179 in combination with pembrolizumab in first-line PD-L1-positive metastatic or incurable, recurrent head and neck squamous cell carcinoma (HNSCC)
Dr Shivanshan Pathmanathan	R3767-onc-2208: A phase 2 and phase 3 peri-operative trial of fianlimab and cemiplimab compared with anti-pd1 alone in patients with resectable stage iii and iv melanoma.
Dr Joanne Tan	A Multicenter, Randomized, Open-label, Phase 3 Trial of Trastuzumab Deruxtecan (Enhertu®) Plus Chemotherapy Plus or Minus Pembrolizumab versus Chemotherapy Plus Trastuzumab Plus or Minus Pembrolizumab as First-line Treatment in Participants with Unresectable, Locally Advanced or Metastatic HER2positive Gastric or Gastroesophageal Junction (GEJ) Cancer.
Dr Joanne Tan	An interventional, open-label, randomized, multicenter phase 3 study of PF-07220060 plus letrozole compared to CDK4/6 inhibitor plus letrozole in participants over 18 years of age with hormone receptor (HR)-positive, HER2-negative advanced/metastatic breast cancer who have not received any prior systemic anticancer treatment for advanced/metastatic disease (FOURLIGHT-3)

Neurology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Mike Boggild	Multiple sclerosis patient risk perception of progressive multifocal leukoencephalopathy with natalizumab extended-interval dosing; a prospective patient semi-structured interview
Dr Mike Boggild	REACH-MS: Regional Education Access and Collaborative Healthcare for people with Multiple Sclerosis
Upeksha Galappaththie	Exploring Awareness of and Screening Practices for Melanoma in Parkinson's Disease
Dr Ravindra Urkude	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study with an Open-label Extension Period to Evaluate the Efficacy and Safety of Telitacicept in Patients with Generalized Myasthenia Gravis (Protocol # RC18G006)
Dr Ravindra Urkude	EXTEND-AGNES TNK post-thrombectomy intra-arterial tenecteplase for acute management of Non-retrievable thrombus and no-reflow in emergent stroke.

Oncology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Joel Wight	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Eliritercept (KER-050) for the Treatment of Transfusion-Dependent Anemia in Adult Participants with Very Low-, Low-, or Intermediate-Risk Myelodysplastic Syndromes (MDS)

Oncology/Haematology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Rachael Boles	A Phase II multicenter open-label trial of tagraxofusp in combination with (Ven/Aza) in adults with previously untreated AML who are ineligible for intensive chemotherapy

Ophthalmology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Manasi Hedge	Clinical outcomes following surgery or radiotherapy in the management of sphenoid wing meningiomas.

Pharmacy

PRINCIPAL INVESTIGATOR	STUDY TITLE
Gloria Chiu	Development and validation of a risk prediction model for medication harm readmissions post-acute myocardial infarction & cardiac surgery
Dr Kelvin Robertson	A transition of care service to reduce hospital readmissions for high-risk cardiology patients: protocol for a pre-post interventional trial.

Radiation Oncology

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Susan Hewitt	Stereotactic Ablative Body Radiotherapy (SABR) with maintenance of systemic therapy versus standard of care systemic therapy for Oligoprogressive ER-positive, HER-2 negative Breast Cancer II
Dr Timothy Squire	Understanding the impact of magnetic resonance on immune regulatory factor secretion from brain tumour cells during radiation therapy (treatment).
Dr Daniel Tao Xing	Development of an adoptive T cell therapy for HPV-associated malignancies
Dr Daniel Tao Xing	Obstructive sleep apnoea in patients with head and neck cancer post radiotherapy
Dr Daniel Tao Xing	Randomized Phase III Trial of Neoadjuvant Immunotherapy With Response-Adapted Treatment Versus Standard-of-Care Treatment for Resectable Stage III/IV Cutaneous Squamous Cell Carcinoma

Renal

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Vikas Shrivastava	The Chronic kidney disease Adaptive Platform Trial Investigating Various Agents for Therapeutic Effect.
Dr Vikas Shrivastava	A Phase 3, Randomized, Double-blind, Placebo-controlled Study of Felzartamab in Adults With IgA Nephropathy
Dr Vikas Shrivastava	An Open-label, Multicenter, Randomized Phase 3 Study Evaluating the Efficacy and Safety of Felzartamab in Participants with Primary Membranous Nephropathy (PMN)
Tara Watters	Design, implementation, and evaluation of an intervention for a new kidney transplant service in northern Queensland (Phase 4)

Respiratory & Sleep

PRINCIPAL INVESTIGATOR	STUDY TITLE
Nadine Pyne	Let's Yarn About Sleep - Obstructive Sleep Apnoea: Data harmonisation and analytics to study Obstructive Sleep Apnoea phenotypes and symptomatology
Dr Pradeep Rajagopalan	A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study of the Efficacy and Safety of Treatment With MNKD-101 (Clofazimine Inhalation Suspension) When Added to Guideline-Based Therapy in Participants with Pulmonary Nontuberculous Mycobacterial Infection (Part A) Followed by an Open-Label Extension (Part B).
Dr Helen Whitford	A randomized, double-blind, placebo-controlled, parallel-group, multicenter trial evaluating the efficacy and safety of 2 doses of buloxibutid over 52 weeks in people with idiopathic pulmonary fibrosis.

Townsville Cancer Centre

PRINCIPAL INVESTIGATOR	STUDY TITLE
Dr Bryan Chan	OPTIMISE: OPTIMising the Implementation of exercise in public cancer care centres

Translational Research in Endocrinology and Diabetes (TREAD)



KEY RESEARCHERS

- Prof Usman Malabu (Clinical Director of Endocrinology, Chief Investigator)
- Prof Kunwarjit Sangla (Medical Director, Medical Service Group, Principal Investigator)
- Dr Venkat Vangaveti (Senior Research Officer)
- A/Prof Vasant Shenoy
- Dr Swetha Rangaswamaiah
- Dr Divya Srivastava
- Dr Rachel Hovelroud
- Dr Parul Nigam
- and the TREAD clinical research coordinators and associate investigators.



KEY COLLABORATORS

- Prof Ickjai (Jai) Lee Head of IT College of Engineering JCU -AI Diabetes Research
- Prof Jennifer Tyndall -American University of Nigeria
- A/Prof Haleagrahara Nagaraja -James Cook University
- Prof Yogesan Kanagasalingam -University of Notre Dame e-Health Research Centre
- A/Prof Harshal Deshmukh -Gold Coast University Hospital
- Prof Ahmed Moustafa Bond University -AI Diabetes Research
- Prof Sabe Sabesan Telehealth and Teletrials TUH
- Prof Yoga Kandasamy Senior Staff Specialist Neonatology TUH
- Prof Jonathan Golledge Queensland Research Centre for Peripheral Vascular Disease
- Rachel Walker Professor of Nursing and Midwifery TUH & JCU
- Prof Anoop Misra Centre of Excellence for Diabetes and Endocrinology India
- Prof Teatulohi (Lohi) Matainaho Chair Science and Technology PNG
- Prof Saad Ahmed Professor of Histopathology FMC Abuja Nigeria
- Prof Zoltan Sarnyai Neuroscientist and Metabolic Disorders JCU -MBSR
- A/Prof Wendy Li Psychologist JCU -MBSR
- Dr Omer Shareef Neuropsychiatrist TUH -MBSR
- Dr Timothy Leow Psychiatrist TUH -MBSR
- Dr Marc Chao Psychologist JCU -MBSR
- Dr Christopher Heather Director of Infectious Diseases TUH
- A/Prof Carlo Longhitano Staff Specialist Psychiatry/Metabolism TUH/JCU
- A/Prof Wendy Li College of Healthcare Sciences JCU
- Dr Victoria White Staff Specialist Vascular Surgery TUH
- Dr Venkat Vangaveti -JCU Clinical Research and Statistics
- Dr Insu Song JCU Singapore -AI Diabetes Research
- Dr Euijoon (Osmond) Ahn College of Engineering JCU -AI Diabetes Research
- Dr Rachel Hay JCU -Technology Adoption
- Dr Abdul-Aziz Seidu JCU -Public Health
- Dr Erin Waters Director of Medical Services, TAIHS

Emergency Medicine Research Program (EMRP)

The Emergency Medicine Research Program has continued to grow with new research collaborations and innovative research projects. The Director of Emergency Medicine Research is pleased about the formation of a new Australasian research network, RREC (Rural Research for Emergency Care Network), dedicated to improving emergency care and outcomes for remote, rural and regional communities of Australia and New Zealand.

The EMRP included 16 research-active emergency clinicians in 2025:



KEY RESEARCHERS

- Dr Vinay Gangathimmaiah
- Ms Eloise Bletsas
- Ms Hayley Muller
- Ms Elif Tumer
- Ms Naomi Kirkpatrick
- Ms Rachel Schwebel
- Assoc/Prof Colin Banks
- Dr Denise Blake
- Dr Clinton Gibbs
- Dr Tanya Mellett
- Dr Olwen Gilbert
- Dr Graeme Maw
- Dr Emma Whyte
- Dr Madelaine Tarrant
- Dr Frances Laycock
- Dr Antonie Botha



KEY COLLABORATORS

- Australasian Research Networks: RREC (Rural Research in Emergency Care Network), PREDICT (Paediatric Research in Emergency Departments International Collaborative)
- Organisations: CHHHS(Cairns), MNHHS (RBWH, Redcliffe, Caboolture, The Prince Charles), MSHHS (PAH, Logan, Redlands), GCHHS (GCUH, Robina), SCHHS(SCUH), WBHHS (Hervey Bay), CQHHS (Rockhampton)
- James Cook University
- University of South Adelaide



> \$3.2M IN GRANTS

- Implementation and evaluation of a theory-informed, co-designed, multicomponent intervention to promote urine culture diagnostic stewardship in a major referral emergency department in Queensland (Gangathimmaiah; \$60,114).
- Intranasal dexmedetomidine for paediatric procedural sedation in emergency departments: a prospective, multisite, observational study (Whyte; \$98,200).
- Optimal evaluation of acute limb pain in children presenting to the emergency department (co-applicant; MRFF Clinical Trials and Cohort Studies, \$3.1 million).



CONFERENCE PRESENTATIONS

2025 ACEM Annual Scientific Meeting, Gold Coast, November 23-27. Five presentations:

- Dr Colin Banks: Invited Speaker -Pulmonary Embolism diagnostics
- Dr Colin Banks: Invited speaker-Melioidosis
- Dr Vinay Gangathimmaiah: 'Communication is crucial'
- Dr Clinton Gibbs- Retrieval of patients with suspected Snake bite
- Dr Jane Dutson: CT head in older patients presenting to Emergency Departments

Pharmacy Department Research Group

The TUH Pharmacy Department continues its involvement in current research. The two department PhD candidates, Alexandra Ryan and Sophie Mokrzecki, are continuing to progress through candidacy.

Sophie Mokrzecki has investigated Australian and New Zealand medical students' confidence and preparedness to prescribe. In 2025 she published her methods paper and is progressing to publish her final three papers, aiming to complete her PhD at the end of 2026.

Alexandra Ryan had her second PhD-related paper published in March 2025, investigating look-alike, sound-alike medication-related incidents.

As of late 2025, the TUH Pharmacy Department have been working in the RECARD Project, which is a multidisciplinary, pharmacist led program aiming to reduce patient readmission to hospital after a heart attack or heart surgery due to harm from their medication. The project aims to improve patient outcomes by identifying and addressing medication-related risks early and strengthen collaboration with community healthcare providers. Townsville currently has two pharmacists delivering the service; Angela Benfield and Ellie Fisher, who are supporting safe transition of care for 30 days after discharge. As of May 2026, 125 patients have been recruited to the project, with preliminary outcomes currently under evaluation.

RECARD Project

A multidisciplinary, pharmacist-led program reducing hospital readmissions after a heart attack or heart surgery caused by medication harm.

The Pharmacy Department continues to progress the large Partnered Prescribing project, expanding the model from admission reconciliation to discharge reconciliation in the Acute Admitting Unit, Medical 5 Ward and Rehabilitation Unit, where pharmacists collaborate with prescribers to improve the accuracy of discharge medication records and enhance medication safety for patients transitioning back to the community. Data from this work is currently being audited by one of the residency candidate pharmacists, with the aim to roll this model out to wider areas of the hospital.

A multi-site study was conducted in 2025 by the clinical educator pharmacist Emma Dall'Alba, in collaboration with Logan and Ipswich Hospitals, to explore the professional support and supervision practices of hospital pharmacists. The comparison of survey responses at multiple sites will hopefully inform a PhD study with the eventual goal of implementing a hospital-pharmacy specific model for formal professional supervision.



KEY RESEARCHERS

- Dr Kelvin Robertson, Director of Pharmacy, Townsville University Hospital
- Emma Dall'Alba, Senior Pharmacist – Clinical Education, Townsville University Hospital
- Cassie Lanskey, Senior Pharmacist, Townsville University Hospital and James Cook University
- Alexandra Ryan, Advanced Pharmacist, Townsville University Hospital
- Sophie Mokrzecki, Senior Pharmacist, Townsville University Hospital
- Matthew Syrnyk, Pharmacist, Townsville University Hospital
- Aaron Woods, Pharmacist, Townsville University Hospital
- Angela Benfield, Senior Pharmacist - RECARD, Townsville University Hospital
- Ellie Fisher, Pharmacist - RECARD, Townsville University Hospital
- Lily Arrate, Resident Pharmacist, Townsville University Hospital
- Keliena Seaton, Resident Pharmacist, Townsville Hospital Pharmacy
- Kathryn Tidmas, Resident Pharmacist, Townsville Hospital Pharmacy
- Jai-Ann Eastaughffe, Resident Pharmacist, Townsville Hospital Pharmacy

Published in 2025

Sophie Mokrzecki published her methods paper on medical students' prescribing confidence; Alexandra Ryan published on look-alike, sound-alike incidents.

Intern and resident pharmacists within our department continue to have consistent involvement in quality improvement and research activities. In 2025, our resident pharmacists investigated:

- empirical antimicrobial appropriateness in paediatric community acquired pneumonia patients (Keliena Seaton),
- fluconazole prescribing practices at TUH (Kathryn Tidmas),
- outcomes of the Pharmacist Planned Discharge Reconciliation model (Jai-Ann Eastaughffe), and
- a follow-up review of the impact of a surgical pre-admission pharmacist on the documentation rates of anticoagulant and antiplatelet management prior to elective surgery (Lily Arrate).

The pharmacy department continues to collaborate with James Cook University Pharmacy honours students and support their research projects. One of our pharmacists Matthew Syrnyk has completed two clinical audit projects in collaboration with the JCU students on both anticoagulation and psychotropic stewardship. Their work on anticoagulation stewardship was successfully submitted to the AdPha MM2025 conference. The psychotropic stewardship project was well received, and the Honours students involved won the 2025 JCU Pharmacy award for final year Best Honours Project. The results of their final manuscript were exceptional and have been considered for potential publication. Another pharmacist, Aaron Woods, also supported JCU Pharmacy honours students to investigate a retrospective comparison of morphine oral equivalents and pain scores between tapentadol IR and oxycodone IR post-arthroplasty replacement surgery. Their final report was disseminated to the Acute Pain Management Service lead and three orthopaedic consultants, with feedback that the outcomes are consistent with other research in the space. Publication is being investigated for this study.

JCU Award Winner

Honours students supported by our pharmacists won the 2025 JCU Pharmacy award for Best Honours Project for their psychotropic stewardship work

2

PhD Candidates

TUH Renal Department Research Group

The Renal research group is committed to advancing kidney health through innovation, collaboration and patient-centred research. Our program spans clinical trials, research and quality improvement, with a focus on improving outcomes for people living with kidney disease.



KEY RESEARCHERS

- Professor Andrew Mallett
- Dr Vikas Srivastava (Principal Investigator / Senior Staff Specialist)
- Dr Janaki Tapasya Mohandas
- Dr Sreeram Venugopal
- Dr Furrukh Sayed
- Dr David McIntyre
- Dr Valli Manickam
- Dr Michelle Harfield
- Belinda Elford (Nurse Researcher)
- Jennifer King (Clinical Trials Coordinator).



KEY COLLABORATORS

- Australasian Kidney Trials Network
- The George Institute
- KidGen Collaboration
- Australian Genomics
- ClinGen
- KDIGO
- BIOGEN
- PPD/ThermoFischer
- University of Queensland
- University of Sydney

A growing number of PhD students continue to be supervised from the department (12), with two conferred in 2025.



CONFERENCE PRESENTATIONS / PAPERS

In 2025, the Renal Department Research Group maintained a strong presence at leading national and international nephrology forums. Key presentations were delivered at the American Society of Nephrology Kidney Week / World Congress of Nephrology, the Australia and New Zealand Society of Nephrology Annual Scientific Meeting, the Human Genetics Society of Australasia Annual Scientific Meeting, the Malaysian Society of Nephrology Annual Scientific Meeting, and the Singaporean Society of Nephrology Annual Scientific Meeting. These presentations highlighted the group's growing research output, including Prof Andrew Mallett's significant contribution of 48 accepted papers that year.

- 2025 World Congress of Nephrology
- 2025 Australia and New Zealand Society of Nephrology, Annual Scientific Meeting
- 2025 Malaysian Society of Nephrology, Annual Scientific Meeting
- 2025 Singaporean Society of Nephrology, Annual Scientific Meeting

Clinical Trials

In 2025, renal clinical trials demonstrated continued growth and sustainability, with the activation of two new clinical trials, four ongoing trials in follow-up, and one completed trial — reflecting 50% growth in the clinical trial portfolio.

Completed: PHOSPHATE

Active: RENAL LIFECYCLE, CAPTIVATE, BEAT-CALCI, IMPEDE, IMPEDE-PKD, PROMINENT.

Townsville Cancer Centre Research

We continue to grow research at Townsville Cancer Centre, with both sponsored/collaborative clinical trials and investigator-led research.

There are currently over 40 investigator-led studies in the broad research areas of Person-Centred Care (such as Models of Care, Optimal Care Pathways, Patient Experiences and Service Delivery), and Innovative Treatments and Technologies. In 2025, we celebrated the conferral of Dr Zulfiquer Otty (PhD). We have 5 higher-degree research candidates (both PhD and Masters) amongst our clinicians in both Medical Oncology and Radiation Oncology.

Our Clinical Trials Unit currently oversees 81 active experimental drug trials, led by 18 Principal Investigators across our three specialties: Medical Oncology, Haematology, and Radiation Oncology. Our portfolio spans Phase I to Phase III studies and includes trials sponsored by major international pharmaceutical and biotechnology companies, as well as collaborative groups such as ALLG, TROG, and ANZCOG.

We remain a Queensland leader in the Tele-Trials space, with 14 active studies operating under this innovative model.

Each day, our team coordinates the care of more than 200 patients enrolled in clinical trials, contributing to over 900 clinical trial visits in 2025.

HIGHLIGHTS



Clinical Trials Unit

81 active drug trials spanning Phase I-III, led by 18 Principal Investigators across Medical Oncology, Haematology and Radiation Oncology — including trials with major international sponsors and collaborative groups (ALLG, TROG, ANZCOG).



Tele-Trials Leadership

A Queensland leader in the Tele-Trials model, with 14 active studies bringing clinical trial access closer to home for regional patients.



Person-Centred Care

Over 40 investigator-led studies spanning models of care, optimal care pathways, patient experience and service delivery, alongside innovative treatments and technologies.



Research Milestones

2025 saw the PhD conferral of Dr Zulfiquer Otty, with five clinicians currently progressing PhD and Masters candidatures across Medical and Radiation Oncology.

Our Clinical Trials Unit is supported by a multidisciplinary team comprising of:

2

Clinical Trials
Fellows / Registrars

3

Clinical Trials
Pharmacists &
Assistant

1

Clinical Trials Nurse
Manager

1

Clinical Trials CNC

9

Trial Coordinators
(Senior Nurses / RTs)

2

Admin & Business
Support Officers

3

Medical Students

1

Lab Assistant



KEY COLLABORATORS

- James Cook University
- University of Queensland
- Queensland University of Technology
- University of Technology Sydney
- Peter MacCallum Cancer Centre
- Olivia Newtown-John Cancer Research Institute
- QIMR Berghoffer



HIGHER DEGREE BY RESEARCH CANDIDATES

- Dr Abhishek Joshi, PhD, JCU
- Ariadne Brodmann, PhD, JCU
- Marchant van der Walt, MPhil
- Bronwyn Oar, MPhil, QUT
- Elizabeth Denyer, MPhil, QUT



Dr Zulfiquer Otty at his PhD graduation ceremony

Together, this team delivers high-quality, patient-centred research that advances treatment options and supports improved outcomes for people across our region.

SERTA Grants

Dr Joel Wight

Improving the diagnostic accuracy of tests for haematological malignancies in resource-limited settings (RLS)

Miss Sarah Deacon

Co-design and evaluation of a digital health application for head and neck cancer patients undergoing treatment at Townsville University Hospital

Dr Reshma Shakya

Spatial Immune Profiling of Locally Advanced Cutaneous Squamous Cell Carcinoma (laCSCC) in Regional Australia to Inform Future Precision Immunotherapy

QH Targeted Clinical Research Fellowships

A/Prof Daniel Xing

Circulating human papillomavirus (HPV) DNA for post-treatment surveillance of HPV-related oropharyngeal squamous cell carcinoma (HPV-OPSCC)

A/Prof Amy Brown

Enabling shared-decision making through health preference methods in patients with endometrial cancer referred for radiation therapy

Partnerships for Cancer Research

Empowering Indigenous Communities: Strengthening Agency, Equity, and Connections in Cancer Care and Prevention - led by Prof Gail Garvey (UQ) with Prof Sabe Sabesan and A/Prof Amy Brown.



KEY RESEARCHERS

Medical Oncology	Abhishek Joshi	Nathan Bain	
	Corinne Ryan	Sabe Sabesan	
	JB Kong (Clinical Trials Fellow)	Shivanshan Pathmanathan	
	Joanne Tan	Zulfiquer Otty	
Haematology	Andrew Birchley	Jessica Pearce	
	Rachael Boles	Jane Royle	
	Kirollos Kamel	Joel Wight	
	Hock Choong Lai	Nicholas McVilly (Clinical Trials Registrar)	
	Edward Morris		
Palliative Care	Claus Bader	Richard Corkill	
	Ofra Fried		
Across Townsville Cancer Centre	Amy Brown	Georgia Slapp	
Clinical Trials Pharmacy	Dylan Taylor	Kelly Gifford	
	Steven Capell	Kate Tweedie	
	Ashleigh Williams		
Radiation Oncology	Ariadne Brodmann	James Gallo	Reshma Shakya
	Bronwyn Oar	John Baines	Robert Crane
	Daniel Xing	Laura Baker	Savannah Brown
	Deepti Patel	Linda Marsh	Stephen Gibson
	Elizabeth Denyer	Marchant van der Walt	Sue Hewitt
	Glen Newman	Peter Stokes	Tim Squire
	Glenn De Vine	Ravi Marwah	
Clinical Trials	Melanie Taylor	Kim Pattinson	Savio Matthews
	Sharon Lazzaroni	Kareela Campbell	Justin Hua
	Rachel Doyle	Wendy Harvey	Jeffin Jo Prince
	Janette Hughes	Claire Huggett	Tehila Rasin
	Nicole Chapman	Judy Page	Diya Franklin
	Elizabeth Heyer	Mia Gedara	
	Susan Kitto	Elizabeth Martin	

Gastroenterology



KEY RESEARCHERS

- Dr Bulent Baran
- Dr Rozemary Karamatic
- Dr Gillian Mahy
- Dr Crispin Musumba
- Dr Desmond Patrick
- Dr Ei Swe
- Dr Seema Shah
- Dr Christine Welch

PAPERS

- Shephard, C.J., Ma, X. and Karamatic, R., 2026. Life-Threatening Upper Gastrointestinal Bleeding following Percutaneous Endoscopic Gastrostomy Tube Removal under Traction: A Case Report. *Case Reports in Gastroenterology*, 20(1), pp.16-22.
- Kono T, Shephard C, Azhar Z, Karamatic. R Uvular Tip Necrosis Following Routine Diagnostic Oesophagogastroduodenoscopy – article in press.
- Gillman, Rhys, Miriam Wankell, Eun Jin Sun, Matan Ben David, Rozemary Karamatic, Pranavan Palamuthusingam, Matt A. Field, Ulf Schmitz, and Lionel Hebbard. "Transcriptomic Characterization of North Queensland Hepatocellular Carcinoma." *Oncology* (2025).
- Eqbal, A., Martin, A., Doecke, J. D., & Patrick, D. (2023). Low-dose thioguanine guided by therapeutic drug monitoring is a safe and effective alternative in inflammatory bowel disease patients intolerant to conventional thiopurines. *Internal Medicine Journal*, 53(4), 559-567.
- Farrugia M, Azhar Z, Karamatic R. Iron Deficiency Without Anaemia in Pre and Post Menopausal Females: To Scope or Not To Scope? Manuscript in Preparation.



CONFERENCE PRESENTATIONS / ABSTRACT SUBMISSIONS

- Keith Brick, Lilyann Conrad, Mirko Farruggia, Mahd Ghumman, Judith Kagasi, Ruju Kumar, Shahed Kamal, Rozemary Karamatic, Ei Swe : Post-colonoscopy colorectal cancer at an Australian Tertiary hospital in North Queensland
- Keith Brick, Mirko Farruggia, Takuma Konno, Bulent Baran, Christine Welch, Ei Swe: IgG4-related Autoimmune Pancreatitis in a regional hospital: A case series and clinical insights
- Takuma Konno, Noemi Balazs, Belinda Sullivan, Desmond Patrick, Ei Swe: Patient satisfaction and acceptability of intestinal ultrasound for inflammatory bowel disease monitoring in a regional Australian centre
- Takuma Konno, Noemi Balazs, Belinda Sullivan, Desmond Patrick, Ei Swe: Transforming regional inflammatory bowel disease care with intestinal ultrasound: clinical impact and cost analysis
- Sze Chao Ang, Daryl Tong, David Huynh, Ei Swe: An uncommon culprit: gastrointestinal bleeding from Sarcina Ventriculi infection in North Queensland
- Sze Chao Ang, Daryl Tong, Zainul Azhar, Belinda Sullivan, Desmond Patrick, Gillian Mahy, Ei Swe: Guillian-Barre syndrome in a patient with Crohn's disease on Upadacitinib: causation or coincidence?
- Takuma Konno, Roxanne Lim, Ei Swe: Severe isolated febrile neutropenia after prolonged unintentional supratherapeutic mesalazine dosing in a patient with ulcerative colitis
- Takuma Konno, Ei Swe: Delayed recovery after acute severe ulcerative colitis: the importance of repeat reassessment for cytomegalovirus colitis
- Shahed Kamal, Mirko Farruggia, Keith Brick, Leanne Stone, Rozemary Karamatic: Association between referral indication and liver fibrosis severity on transient elastography: a real-world cohort study.
- Judith Kagasi, Noel Ravindranayagam, Keith Brick, Bulent Baran, Rozemary Karamatic: See you Vater: a tricky case of upper gastrointestinal bleeding; a case report.



KEY COLLABORATORS - GASTROENTEROLOGY

COLLABORATOR	PROJECT
Australia & New Zealand IBD Consortium (ANZIBDC) Local Principal Investigator: Dr Gillian Mahy	A collaborative research program progressing the understanding and clinical practice of IBD by combining clinical and scientific research across Australian and New Zealand populations. Formed in 2008, it now comprises 21 gastroenterology centres. Linked to the international IBD Genetics Consortium (IIBDGC). The umbrella project investigates the epidemiology, natural history and genetics of inflammatory bowel disease.
James Cook University / Hepatopancreatic Biliary Chief Investigators: Assoc Prof Lionel Hebbard Assoc Prof Ulf Schmitz	Establishing the North Queensland Liver Tumour Library to improve hepatocellular carcinoma (HCC) detection and treatment. The biobank, in partnership with JCU, is expanding liver cancer research activity within the health service. 2026 NHMRC Ideas Grant applications ● Mapping isoform diversity in hepatocellular carcinoma to enable precision immunotherapy ● Advancing precision medicine for liver cancer patients
Private Collaboration Takeda Alimentiv	VECTORS: RCT trial — pending ethics approval, with activation for recruitment hoped for June 2026.
James Cook University Chief Investigators: Assoc Prof Lionel Hebbard Assoc Prof Ulf Schmitz	SERTA Grant application 2026 Defining new ways to monitor and treat inflammatory bowel disease.
TIPS Consensus Statement First guideline of its kind in Australia	Participation in development of a consensus statement on transjugular intrahepatic portosystemic shunt (TIPS) in portal hypertension. Kalo, E., Holmes, J., Bhat, P. <i>et al.</i> Australian best practice recommendations for TIPS in portal hypertension: a consensus statement. <i>Hepatol Int</i> 20, 215-239 (2026).



Dr Ei Swe, Crohn's disease patient Ty Lawler and Dr Desmond Patrick

New ultrasound a 'game changer' for North QLD IBD patients

Patients with inflammatory bowel disease (IBD) are receiving faster, less invasive care thanks to a new specialist ultrasound machine at the Townsville University Hospital — providing rapid, accurate disease assessment during flare-ups of chronic conditions like Crohn's disease and ulcerative colitis, and dramatically reducing waiting times for diagnosis and treatment.

For Crohn's patient Ty Lawler, who has lived with the condition for 14 years, the new technology is a revolution in his care.

"For patients like me this is a game-changer," Mr Lawler said.

"When I have had a flare-up in the past I would need to get a blood test and stool samples to confirm my bowel was inflamed; meanwhile with this ultrasound the team can see within minutes what the issue is and we could start treatment within no time.

"We're talking about disease assessment in half an hour at most."

Mr Lawler, 35, has undergone more than 30 colonoscopies since being diagnosed with Crohn's disease at 21 years old and said the new machine provided immense relief by reducing the need for frequent invasive procedures.

"Thankfully it means less procedures like colonoscopies, which carry their own risk," he said.

"Colonoscopies also require bowel prep ahead of the procedure, which for many people and myself included is the worst part of the procedure.

"This ultrasound machine removes the need to do that which is a huge thing."

Gastroenterologist Dr Desmond Patrick said the dedicated ultrasound machine was a major advancement in IBD care for the region.

"Because IBD is a chronic condition, patients need frequent re-assessment of disease which is easy and quick to do with bowel ultrasound," Dr Patrick said.

"It allows for rapid disease assessment and change in management if required and significantly reduces the number of colonoscopies and traditional imaging procedures and is a major advance in care particularly for our regional and remote patients."

"This is a significant investment into IBD care in the north Queensland region and while we have only had the machine for a short time, we have already directly seen an improvement with the patient experience which has led to better health outcomes,"

"Intestinal ultrasound allows clinicians like myself to make rapid and accurate disease assessment, which means our patients get the right treatment faster.

"While this technology won't eliminate the need for colonoscopies or traditional imaging scans such as CT and MRI entirely, it is a powerful new tool for our teams. It's a win for our patients and for the quality and efficiency of our service."

Neurology

The Neurology Department at Townsville University Hospital provides services to the North and North-West Queensland region. We undertake research in locally relevant neurological diseases, including stroke, multiple sclerosis and neuromuscular diseases. There remain significant inequities in access to clinical trials for regional, remote and rural populations. To address this, the **Trial-Ready Stroke Centre** was established in 2024 in collaboration with JCU, with funding from the National Health and Medical Research Council (NHMRC) and the Tropical Australian Academic Health Centre (TAAHC).

Ongoing research trials

- UPLIFT — a Phase IIa multicentre umbrella trial of integrated upper limb and language impairment and functional training after stroke (includes partnership with Mount Isa).
- EXTEND-AGNES TNK — post-thrombectomy intra-arterial tenecteplase for acute management of non-retrievable thrombus and no-reflow in emergent stroke.
- SICARIO — stroke in patients with large ischaemic core: assessment of reperfusion therapy impact on disability outcome.
- LOTUS — low-dose combinations to improve stroke outcomes.
- RemeMG — a Phase 3 randomised, double-blind, placebo-controlled study with open-label extension to evaluate the efficacy and safety of telitacicept in patients with generalised myasthenia gravis.
- PASS — Phase IV long-term (10-year) open-label follow-up of MS patients treated with Lemtrada.
- MS Reach — collaboration with colleagues in NSW (Prof Simon Hawke) to assess the impact of an MS education program delivered online to rural/regional MS patients.



KEY RESEARCHERS

- Dr Bulent Baran
- Dr Rozemary Karamatic
- Dr Gillian Mahy
- Dr Crispin Musumba
- Dr Desmond Patrick
- Dr Ei Swe
- Dr Seema Shah
- Dr Christine Welch



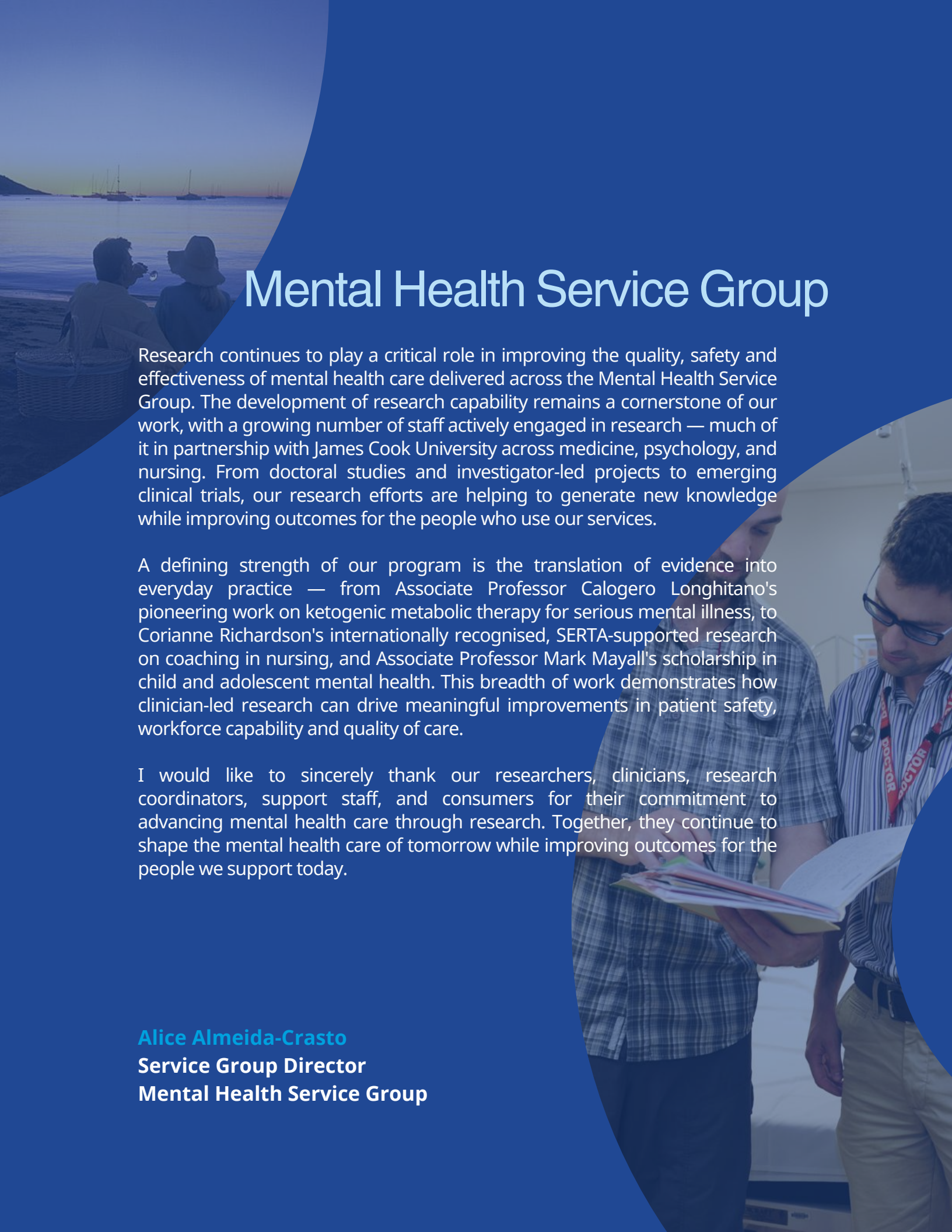
KEY COLLABORATORS

- Professor Leonid Churilov, University of Melbourne
- Professor Bruce Campbell, The Royal Melbourne Hospital
- Associate Professor Kate Hayward, University of Melbourne
- Professor Richard Lindley, University Of Sydney
- Professor Jonathan Golledge, Head of the Queensland Research Centre for Peripheral Vascular Disease, JCU
- Dr Usman Manzoor, Clinical Director of Intervention Neuroradiology, TUH
- Dr Vinay Gangathimmaiah, Director of Emergency Medicine Research, TUH
- Dr Paul Chapman, Director of Rehabilitation, TUH
- Dr Mehul Desai, Consultant Neurologist, Mackay Base Hospital
- Dr Ramesh Durairaj, Consultant Geriatrician and Stroke Physician, Cairns Base Hospital
- Danielle Hornsby, Executive Director of Allied Health, TUH
- Dr Gail Kingston, Senior Allied Health research Fellow, TUH
- Kylie Bower, Senior Academic Lead – Occupational Therapy, Murtupuni Centre for Rural and Remote Health



CONFERENCE PRESENTATIONS / PAPERS

- Journal of Stroke and Cerebrovascular Diseases in July 2025. "Closing the gap: Early experience from a new Endovascular Thrombectomy service in regional and rural North Queensland, Australia."
- Boggild M, Mohammadpour Z, van Eijk L, Williams L. Letter to editor: Regarding manuscript entitled 'Safety and efficacy of extended versus standard interval dosing of natalizumab in MS patients: a systematic review and meta-analysis'. Acta Neurologica Belgica. 2025 <https://doi.org/10.1007/s13760-025-02781-4>
- Hayward KS, Donnan G, Godecke E, Balabanski A, Barker R, Bernhardt J, et al. Integrated Upper limb and Language Impairment and Functional Training (UPLIFT) after stroke: study protocol for an umbrella Bayesian Optimal Phase IIa clinical trial. BMJ Neurology Open. 2025;7(2):e001212.



Mental Health Service Group

Research continues to play a critical role in improving the quality, safety and effectiveness of mental health care delivered across the Mental Health Service Group. The development of research capability remains a cornerstone of our work, with a growing number of staff actively engaged in research — much of it in partnership with James Cook University across medicine, psychology, and nursing. From doctoral studies and investigator-led projects to emerging clinical trials, our research efforts are helping to generate new knowledge while improving outcomes for the people who use our services.

A defining strength of our program is the translation of evidence into everyday practice — from Associate Professor Calogero Longhitano's pioneering work on ketogenic metabolic therapy for serious mental illness, to Corianne Richardson's internationally recognised, SERTA-supported research on coaching in nursing, and Associate Professor Mark Mayall's scholarship in child and adolescent mental health. This breadth of work demonstrates how clinician-led research can drive meaningful improvements in patient safety, workforce capability and quality of care.

I would like to sincerely thank our researchers, clinicians, research coordinators, support staff, and consumers for their commitment to advancing mental health care through research. Together, they continue to shape the mental health care of tomorrow while improving outcomes for the people we support today.

Alice Almeida-Crasto
Service Group Director
Mental Health Service Group

Mental Health Service Group

New research projects approved in 2025

PRINCIPAL INVESTIGATOR	DEPARTMENT	STUDY TITLE
Dr Omer Shareef	Psychiatry	A pilot study on the efficacy of Mindfulness-Based Stress Reduction (MBSR) for improving mental health and metabolic profile among diabetes patients living in regional and rural north Queensland: A randomized clinical trial

Key research activities across the MHSG

The Mental Health Service Group (MHSG) continues to prioritize the development of research capability as a cornerstone of its initiatives. The service group has witnessed significant growth in staff actively engaging in research projects, many of which involve collaborations with James Cook University (JCU) research partners across medicine, psychology, and nursing.

Associate Professor Calogero Longhitano continued to disseminate research internationally in the emerging field of metabolic psychiatry, with presentations and scholarly engagement focused on the potential role of ketogenic metabolic therapy in the treatment of severe mental illness.

A/Prof Longhitano presented emerging findings from metabolic psychiatry research examining nutritional interventions for schizophrenia spectrum disorders and bipolar disorders. This included dissemination of early findings from ketogenic dietary intervention research at professional and scientific meetings focused on nutritional psychiatry and metabolic approaches to mental illness. Conference presentations included a research presentation at the Low Carb Brisbane Conference (2025) titled Ketogenic Metabolic Therapy for Serious Mental Illness: Emerging Clinical Evidence and Implications for Psychiatry. In this presentation Associate Professor Longhitano outlined the clinical rationale for metabolic approaches in psychiatry and shared emerging findings relating to dietary interventions for individuals living with schizophrenia and bipolar disorder.

Corianne Richardson, Senior Research Officer (Mental Health Service Group), was awarded the 2025 SERTA Research Fellowship, enabling dedicated time to complete the final stages of her PhD. Her research on coaching in nursing is gaining international recognition and has been cited by the American Organization for Nursing Leadership as a key source supporting the return on investment for coaching in nursing.

Corianne's work contributes to the growing international evidence base for coaching in nursing by providing practice-proximal data on the use of coaching with clinical nurses in mental health settings, extending beyond the traditional focus on executive and senior leadership cohorts. She has presented her research internationally in Barcelona at the International Studies Advanced Mental Health Research Winter School (poster: Coaching of Clinical Nurses in a Mental Health Setting: An Exploratory Case Study) and at the Mental Health Nurse Leaders' Summit (poster: Coaching in Nursing: Transformational Kindness through Coaching Conversations). Her PhD, due for completion in early 2027, will provide important empirical insights into how coaching supports nurses' intention to stay, job satisfaction, professional identity, high involvement work practices, and resilience within mental health settings. The findings will help to inform the development of coaching capability, workforce development initiatives, and retention strategies for clinicians working in complex and high-stress environments.

In 2025, the comprehensive retrospective analysis of coronial recommendations spanning two decades (2002–2024) was presented at the TUH TropiQ Symposium and a subsequent publication is underway. This project is led by Corianne Richardson, with co-researchers Dr. Tanya Langtree and Micah McCann. This extensive review employs meta summary and thematic analysis to define the key focal areas where service recommendations have been made. The outcomes of this research provide valuable insights into core areas for practice refinement and training focus.



KEY RESEARCHERS

- Corianne Richardson, CNC/Senior Research Officer/Adjunct Senior Research Fellow (UNE)
- Dr Carlo Longhitano, Associate Professor of Psychiatry/Psychiatrist Court Liaison Service
- Dr Mark Mayall, Associate Professor Child and Adolescent Psychiatry
- Becky Stripp, CYMHS Research Officer
- Dr Timothy Leow, Consultant Psychiatrist Rural and Remote Service
- Dr Raja Sadhu, Consultant Child and Adolescent Psychiatrist
- Dr Hiranya Wijesundara, Consultant Psychiatrist
- Dr Ellie Holyoake, Clinical Director ATODDS and Specialist Services
- Nerida Firth, ATODS Pharmacist

100

Community patients
in the NQDIT Trial



KEY COLLABORATORS

COLLABORATOR	PROJECT
Corrianne Richardson & Dr Tanya Langtree MHSG / JCU	Collaboration on community mental health nursing competency framework. <i>Assessing Competency and its Impact on Job Stress and Resilience in Community Mental Health Nurses: A Participatory Mixed Methods Study.</i>
A/Prof Mark Mayall MHSG	Collaboration with the National Drug and Alcohol Research Centre, UNSW, focusing on clinical trial research within Alcohol and Other Drug Services.
Nerida Firth MHSG	Collaborative research on stroke recovery with partners from Sydney School of Public Health, University of Sydney; Menzies School of Health Research; University of Melbourne; Florey Institute; NHMRC Centre for Research Excellence in Stroke Rehabilitation and Brain Recovery; and James Cook University.
Dr Timothy Leow MHSG	Research on public humiliation's psychological effects, MBSR program effectiveness, and university non-continuation rates.
A/Prof Carlo Longhitano & Professor Zoltan Sarnyai MHSG / JCU	Investigator for the North Queensland Dietary Intervention Trial (NQDIT), examining ketogenic metabolic therapy for patients with schizophrenia and bipolar disorder.

Key achievement for our Child and Youth Mental Health Service

Looking ahead, the Child and Youth Mental Health Service (CYMHS) is developing a research proposal titled Developing Professional Identity for Nurses in Adolescent Mental Health Inpatient Settings. Led by Principal Researcher Corianne Richardson, with Liisa Kersevani, AIUDS Nurse Unit Manager, and Lisa Phelan, CAYAS Program Manager, the study will examine how professional identity develops within specialist mental health nursing and its influence on work engagement and intention to stay. It will also explore the role of peer coaching and communities of practice in supporting identity development. Using a participatory mixed methods design, the study will contribute to the advancement of practice-proximal research that is responsive to the realities of clinical practice.

A/Prof Mark Mayall continued to contribute to clinical scholarship in child and adolescent mental health, with a focus on diagnostic formulation and biopsychosocial approaches to complex presentations. His work during the reporting period has contributed to ongoing discussion about the role of multiaxial frameworks in child and adolescent psychiatry and the value of historically informed perspectives in understanding contemporary diagnostic practice.

In 2025 Dr Mayall contributed to peer-reviewed research examining presentations of bipolar disorder within Australian child and youth mental health services, exploring clinical characteristics and diagnostic considerations in young people presenting to specialist services. His work also continues to inform clinical education through development of a forthcoming text, The Biopsychosocial Multiaxial Toolkit for Child and Adolescent Mental Health Clinicians (Routledge), which presents a structured framework for biopsychosocial assessment and formulation in child and adolescent mental health practice.

The CYMHS has also developed an allied health research role to support their focused clinical research working closely with Dr Mayhall to enhance evidence based and informed clinical research and translation of research.

MHSG - Progress in Doctoral Research

RESEARCHER	RESEARCH TITLE / PROJECT	RESEARCH FOCUS & KEY DETAILS	STATUS / TIMELINE
Corianne Richardson	<i>Exploring Coaching for Nurses in Mental Health Settings: A Case Study</i>	A suite of scholarship outputs strengthens methodological transparency and capability building across the research program — including two methodological papers (one on case study design and analytic reasoning using Yin and Merriam, another on concept analysis as a research methods approach in nursing and health research). A companion paper documents the intervention preparation phase, reporting on a two-day workplace coach preparation workshop for mental health nurses and how core coaching knowledge, reflective practice and relational capability were established prior to the six-month intervention.	Final thesis preparations and findings chapter; completion in early 2027.
A/Prof Carlo Longhitano	<i>North Queensland Dietary Intervention Trial (NQDIT)</i>	A randomized clinical trial in Townsville comparing a Modified Ketogenic Diet to a control diet aligned with the Australian Guide to Healthy Eating, across 100 community-based patients with bipolar disorder or schizophrenia spectrum disorders.	Continued progress with results and findings.
Ben Freedman	<i>Relationship Between Workplace Incivility and Patient Safety</i>	Examines the prevalence of incivility in hospital settings and its detrimental impact on patient safety culture (PSC).	Final analysis in progress; thesis nearing completion.



Surgical Service Group

It is a privilege to contribute to the 2025 Research Annual Report for the Surgical Service Group.

Throughout the past year, our teams have continued to demonstrate a strong commitment to advancing patient care through high-quality research and innovation. The breadth of projects undertaken across surgical disciplines reflects both the capability of our clinicians and the growing integration of research into everyday clinical practice.

Our researchers have contributed to a diverse portfolio of work, from clinical trials and translational research to quality improvement initiatives. This work is not only enhancing outcomes for our patients locally but is also contributing to broader knowledge and improvements in surgical care across Queensland and beyond.

A key strength of our service remains the collaborative partnerships we have established with universities, research institutes, and health services. These partnerships continue to create opportunities for multidisciplinary research, support the development of emerging researchers, and ensure that our work remains aligned with both national priorities and local patient needs.

Importantly, we are seeing increasing engagement from clinicians at all stages of their careers. Supporting this growing research culture remains a priority, as we continue to build capability, foster innovation, and create pathways for future clinician-researchers within the Surgical Service Group.

I would like to acknowledge and thank all staff who have contributed to research over the past year. Your dedication, curiosity, and commitment to improving care are central to our continued success.

I look forward to another year of growth, collaboration, and impactful research that will continue to improve outcomes for the communities we serve.

Idris Kamara

**Service Group Director
Surgical Service Group**

Surgical Service Group

New research projects approved in 2025

PRINCIPAL INVESTIGATOR	DEPARTMENT	STUDY TITLE
Dr Nathan Curr	Anaesthesia	Anaphylaxis and Perioperative-Hypersensitivity Pilot Registry: Assessment of Incidence, Safety and Economics (APPRAISE)
Dr David Stoeter	Anaesthetics	Australasian Multicentre Aspiration Risk Study
Professor Jaishankar Raman	Cardio-thoracic Surgery	Impact of Total Arterial Revascularisation in Coronary Artery Surgery on Patency, Cardiovascular, Cerebrovascular and Multiorgan Outcomes — a RCT (TA Trial)
Professor Jaishankar Raman	Cardiothoracic Surgery	A phase II, randomized, double-blind, placebo-controlled study of the efficacy and safety of gdc-8264 in preventing cardiac surgery acute kidney injury and major adverse kidney events.
Dr Sananta Dash	Intensive Care Unit	Standard care versus targeting patient's own pre-illness resting blood pressure during management of shock — a multicentre pilot randomized controlled trial (REACT-Shock)
Dr Sananta Dash	Intensive Care Unit	SODium BiCarbonate for Metabolic Acidosis in the Intensive Care Unit: A Multicentre, randomised, double-blinded clinical trial.
Dr Stephen Whebell	Intensive Care Unit	Long-Term Outcomes Data Linkage to Improve ICU Care for Critically Ill Patients in Queensland.
Dr Ravindra Urkude	Neurology	Expanding stroke therapy access: Stroke in patients with large ischaemic Core
Mrs Marina Bogiatzis	Nurse Educators (Acute Care)	Education provided to people undergoing stoma surgery: viewpoints from patients and stomal therapy nurses.
Mr Ben Glenwright	Physiotherapy	Co-designing a Self-Directed Rehabilitation Care Pathway Following Primary Elective Total Hip Replacement
Professor Jonathan Golledge	Vascular and Endovascular Surgery	QFeet Study — Stage 1: Exploration of Newly Established Community Footcare Hubs

Queensland Research Centre for Peripheral Vascular Disease

QRCPVD continues research to improve the outcome for patients with vascular disease, particularly focused on lower limb peripheral artery disease (PAD), aortic aneurysm, diabetes-related foot disease and stroke. Studies in 2025 have included:

- An observational study showing the value of AI assisted imaging to measure the size of aortic aneurysms;
- Investigation of the outcomes of revascularization for PAD in regional and remote residing patients, including First Nations Peoples;
- The finding that depression worsens the effect of PAD on walking;
- A randomised clinical trial suggesting the benefit of a new topic analgesic for painful foot ulcers



KEY COLLABORATORS

COLLABORATOR	PROJECT
College of Medicine & Dentistry, James Cook University	
St Vincent's Research Institute (Jonathan Oakhill and Sandra Garlic)	AMP-activated protein kinase (AMPK) project
University of Otago (Greg Jones) University of Leicester (Matt Brown) The George Institute for Global Health (Bruce Neal)	Metformin Aneurysm Trial (MAT) project
La Trobe University (Byron Perrin) QUT (Pete Lazzarini) University of Newcastle (Viv Chuter) Baylor College of Medicine (Bijan Najafi) University of Southern California (David Armstrong) Amsterdam UMC (Jaap Van Netten)	Diabetes-related Foot Disease



KEY RESEARCHERS

- Professor Jonathan Golledge, Chief Principal Investigator/Director
- Associate Professor Joseph Moxon, Statistician/Associate Dean, Research (JCU)
- Ms Alkira Deren, Clinical Research Officer
- Dr Rene Jaeggi, Global Project Manager
- Dr Shiv Thanigaimani

PHD STUDENTS

- Cynthia Wen
- Bibi Rabia
- Tharindika Gamarachchige
- Fahmida Begum Mina

We continue to improve management for PAD, diabetes-related foot disease and aortic aneurysm in North QLD with models of care for patients to access from home. These along with other new drug treatments are currently being tested in six randomised trials.



CONFERENCE PRESENTATIONS / PAPERS

- May 2025, Burden and impact of peripheral artery disease, Keynote lecture, Novartis Cardiology Conference 2025, Melbourne
- August 2025, Mental health disorders in people with peripheral artery disease. Keynote lecture. North Queensland Vascular Audit, Cairns
- August 2025, Training in vascular medicine as part of vascular surgery. Invited presentation. The 74th Annual Scientific Meeting of The Cardiac Society of Australia and New Zealand, Brisbane
- August 2025, Use of bench side tests to assess people with diabetes-related foot ulcers for peripheral artery disease, Australasian Diabetes Congress, Gold Coast, Keynote Lecture
- November 2025, Tele-DFD: A novel tele-health model for improving uptake of secondary prevention in people at risk of diabetes-related foot disease, Invited presentation at Diabetes Feet Australia meeting, Sydney
- November 2025, Integrated models of care in PAD patients. Keynote lecture. 22nd European Angiology Days, International Vascular Medicine Academic Yearly Conference.

Orthopaedic Research Institute of Queensland (ORIQL) & Townsville University Hospital Orthopaedic Research Program

In 2025, the research program demonstrated strong national and international impact through the generation, dissemination, and translation of clinically relevant orthopaedic research. Work undertaken during the year focused on advancing evidence.



KEY RESEARCHERS

- Associate Professor Michael Boland – Clinical Director Orthopaedic Surgery
- Kerrie Hinschen – Clinical Research Coordinator
- Associate Professor Matthew Wilkinson, Chair, Director, Scientific Lead AOA
- Associate Professor Peter McEwen, Director, Australian Knee Society
- Associate Professor Kaushik Hazratwala, Director
- Dr Levi Morse,
- Dr Andrew Stillwell
- Dr Benjamin Parkinson
- Dr Peter Riddlestone
- Dr Jonathan DeHoog
- Dr Pamela Boekel
- Dr Brent Matthews
- Dr Constantin Dlaska
- Dr William O'Callaghan
- Dr Scott LeRossignol
- Dr Kenji Doma
- Dr Petros Ismailidis
- Dr Finlay Cusack (Research Associate)
- Dr Isaac Ong (Research Associate)
- Dr Rupert Vickary Watts
- Dr Paul Tuckett
- Mrs Andrea Grant, Clinical Research Coordinator



Dr Omkar Banerjee, Dr Michael Boland, Kerrie Hinschen



KEY COLLABORATORS

- Townsville University Hospital Orthopaedic Research Program works closely with Orthopaedic Research Institute of Queensland (ORIQL) to provide a unified approach to address the specific requirements of regional, rural, and remote North Queensland communities
- James Cook University, AKUNAH

PROJECTS THAT ARE TRANSLATING CHANGE

Enhanced recovery after surgery (ERAS) through physiotherapy telemedicine: Optimizing recovery for short stay arthroplasty in regional hospital, Commencing projects looking at the accuracy of Robotics in Shoulder Arthroplast



CONFERENCE PRESENTATIONS / PAPERS

- ISAKOS 2025 - Pre-operative imaging, big data and smart robots - Assoc. Prof Peter McEwen
- ISAKOS 2025 - I am a patellar resurfacer (debate session) - Assoc. Prof Peter McEwen
- ISAKOS 2025 - Paper presentation: 'Restriction boundaries for robotic assisted kinematic total knee arthroplasty, the stressed HKA and the neutral-normal aberrant deviant morphotype classification -Assoc. Prof Peter McEwen
- ISAKOS 2025 - The impact of coronal plane alignment of the knee (CPAK) classification on early functional outcomes after primary robotic assisted TKA -Assoc. Prof Peter McEwen
- ISAKOS 2025 - UKE or HTO: indications, outcomes and conversion to TKA -Assoc. Prof Peter McEwen
- ISAKOS 2025 - Faculty Member: Global case-based discussion:The difficult primary TKA -Assoc. Prof Peter McEwen
- Orthopaedic Outreach PNG - Educational fracture-management workshop and lecture series - Dr Levi Morse
- AOA ASM - Enhanced recovery after surgery (ERAS) through physiotherapy telemedicine: Optimizing recovery for short stay arthroplasty in regional hospital - Dr Rupert Vickary Watts, Associate Prof Hazratwala, Bradley Dennian, Kenji Doma, Andrea Grant, DJ Rye
- AOA ASM 25 - Glenoid preparation in shoulder arthroplasty, is PSI more accurate than standard instrumentation? A systematic review and meta-analysis. - Dr Rupert Vickary Watts
- AOA ASM 25 - When to add an LET and how - Dr Peter McEwen
- AOA ASM 25 - Old Dogs and New Tricks, Kinematic Alignment of the Oxford Unicompartmental Prosthesis - Dr Peter McEwen
- AOA ASM 25 - Octenidine vs Mupirocin and Chlorhexidine in Staph Aureus decolonization in patients undergoing Total Joint Arthroplasty: A Randomized Control Trial - Dr DJ Rye, Ben Parkinson, Andrea Grant, Kenji Doma, Tristan Simmonds
- Dr Dupinderjit Singh Rye - 2025 AOA Annual Scientific Meeting & TropiQ Townsville Research Symposium – Octenidine vs Mupirocin and Chlorhexidine in Staphylococcus Aureus decolonisation in patients undergoing Total Joint Arthroplasty: A Randomised Control Trial.
- Dr Mohammad Muhib - 2025 AOA Annual Scientific Meeting & published in Journal of Limb Lengthening and Reconstruction – Single-stage Revision of Infected Tibia Nonunion with Antibiotic Cement-coated Intramedullary Nail versus Ilizarov Methods: A Systematic Review and Meta-analysis.

RESEARCH GRANTS

SERTA Research Capacity Building Grant: Townsville University Hospital Orthopaedic Research Program.

The investment into the Townsville University Hospital Orthopaedic Research Program will enable the undertaking of innovative, patient-centred, and translational research that addresses the unique cultural, geographical, and contextual needs of North Queensland. Fostering capacity to lead local projects and facilitate multi-site collaborations that share similar goals, will work towards improving health outcomes for patients in the region.

The dedicated Clinical Research Coordinator position built into the program plays a crucial role in advancing orthopaedic research, improving patient outcomes, and enhancing the overall capability of the Townsville Hospital's health service. This has been achieved by - establishing a robust environment that supports high quality clinical research projects, that align with training objectives and contribute to improved health outcomes for patients; fostering collaboration among various healthcare professionals and multidisciplinary teams and coordinating educational initiatives.

Stryker Orthopaedics funding for two research projects (Mako Robotic Shoulder Replacements)



Critical Care Research Group

The Critical Care Research Group was involved in the following studies in 2025:

STUDY	TITLE
PREDICT-TBI	Prediction and Diagnosis using Imaging and Clinical biomarkers Trial in Traumatic Brain Injury
NOTACS	Nasal Oxygen Therapy After Cardiac Surgery
The Consent Study	Exploring the experiences of Aboriginal and Torres Strait Islander people having cardiac surgery and participating in medical research
REACT Shock RCT	Relative hypotension and Adverse Clinical outcomes among patients with Shock — Randomised Controlled Trial
FLASH Study	Fludrocortisone administration in Aneurysmal Subarachnoid Haemorrhage



KEY RESEARCHERS

- Siva Senthuran
- Sananta Dash
- Stephen Whebell
- Melita Trout
- Monica Watson
- Karen Carson



KEY COLLABORATORS

COLLABORATOR	PROJECT
Jamieson Trauma Institute; UQ; RBWH; CSIRO	PREDICT-TBI Prediction and diagnosis using imaging and clinical biomarkers in traumatic brain injury. PI: Dr Siva Senthuran
Fiona Stanley Hospital, Perth; The George Institute, Sydney	NOTACS Nasal oxygen therapy after cardiac surgery. PI: Dr Sananta Dash
Fiona Stanley Hospital, Perth; The George Institute, Sydney	The Consent Study Experiences of Aboriginal and Torres Strait Islander people having cardiac surgery and participating in medical research. PI: Dr Sananta Dash
John Hunter Hospital	REACT Shock RCT Relative hypotension and adverse clinical outcomes among patients with shock. CI: A/Prof Rakshit Panwar · PI: Dr Sananta Dash
The George Institute	FLASH Study Fludrocortisone administration in aneurysmal subarachnoid haemorrhage.
ANZICS Research Centre	EXCEL A prospective observational national registry building an integrated-care network for patients on ECMO for acute cardiac/respiratory failure, monitoring long-term outcomes and best practice. CI: Prof Carol Hodgson · Local PI: Dr April Win
Queensland Critical Care Research Network	QLINK-ICU A highly granular, multisource linked dataset for all Queensland ICUs using the electronic medical record. CPI: Dr Kyle White · Local PI: Dr Stephen Whebell
Clinical Excellence Queensland	QLD Adult Digital Sepsis Algorithm Prospective validation of an AI/machine-learning model predicting sepsis using real-time electronic health record data. Dr Luke Lawton · Mr Rudolf Schnetler

Current Studies - Local Early-Career Investigators

TOPIC	TYPE	LEAD INVESTIGATOR	STAGE
Thermal Optimisation in Sepsis (THERMOS)	Pilot Prospective RCT	Sananta Dash	Protocol development
Outcomes for Indigenous Australians with Pulmonary Hypertension following post-operative ICU admission for cardiac and non-cardiac surgery	Retrospective audit	Hailey Smith (Intern)	Presented at CICM ASM
Euglycaemic ketoacidosis — epidemiology and outcome post ICU admission	Retrospective	Dennis Castillo (4th year, Honours)	Completed — approved JCU Honours project
Post-operative opioid use in post-cardiothoracic Indigenous patients and after-effects	Retrospective	Izza Zahid (4th year, Honours)	Completed — approved JCU Honours project
Retinal findings in critically ill patients in the ICU	Prospective Observational QA	Dr Manasi Hegde (Corresponding); Dr Sheetal Shirke (AI); S. Whebell (AI); S. Senthuran (PI)	Recruiting
Development of a research platform for collecting high-frequency mechanical ventilator waveform data	Prospective proof-of-concept methodological study	Dr Stephen Whebell	Data collection



CONFERENCE PRESENTATIONS / PAPERS

- CICM ASM 2025 - Thermoregulatory Effect and fever Management with Propranolol in Traumatic Brain Injury (TEMP-TBI-1) - Aruthy Saseendran, Dr Sananta Dash
- TropiQ Poster - Outcomes of SGLT2- inhibitor induced euglycaemic diabetic ketoacidosis in A North Queensland intensive care unit: A retrospective cohort study - Dennis Perez Castillo, Dr Sananta Dash
- ANZICS CTG Road Show, Melbourne, 8 Dec 2025 - THERMAL Optimisation in Sepsis (THERMOS) Protocol for Multicentre Randomized Feasibility Study - Dr Sananta Dash

Upcoming Studies

STUDY	DETAILS
NEPTUNE Trial PI: Dr Stephen Whebell	Net ultrafiltration Prescription and Targeting versus Usual net ultrafiltration during continuous renal replacement therapy. ANZICS-RC
T4P PI: Dr Stephen Whebell	The Threshold for Platelets study: a randomised trial defining the platelet count below which critically ill patients should receive a transfusion before an invasive procedure. ANZICS-CTG; UQ; University of Oxford; ICNARC
THERMOS CI: Dr Sananta Dash	Thermal Optimisation in Sepsis — protocol for a multicentre randomised feasibility study. St George Hospital, Sydney
MiniMAP PI: Dr Stephen Whebell	The Minimum Mean Arterial Pressure in critically ill patients requiring vasopressors trial — a phase III randomised controlled trial. Queensland Critical Care Research Network
PROMPT PI: Dr Melita Trout	A comparison of two phosphate replacement protocols for critically ill patients: a cluster, crossover, comparative-effectiveness randomised controlled trial. Queensland Critical Care Research Network
SPRINT-SARI PI: Dr Sananta Dash	Short Period Incidence Study of Severe Acute Respiratory Infection. ANZICS-RC

Townsville Trauma Research Program

In 2025, the Townsville Trauma Research Program had its foundational year, building multidisciplinary collaborations and capacity through a SERTA-funded Clinical Research Coordinator, with a strong focus on priority and vulnerable populations, including Aboriginal and Torres Strait Islander Peoples, children, and rural and remote residents, who are disproportionately represented in major trauma at the Townsville University Hospital. Key achievements included ethics submissions, strategic planning, and the launch of clinician-led research projects, most notably the Trauma Connect Project, which embeds multidisciplinary clinician-researchers within the trauma service to extend trauma care beyond discharge. The program also secured competitive grant funding across three priority projects—Trauma Connect, TRAUMA-NQ, and The Cost of Complex Trauma in North Queensland—positioning it to lead trauma research and improve outcomes for all North Queenslanders.



KEY COLLABORATORS

- Jamieson Trauma Institute
- Gold Coast University Hospital
- Townsville Institute of Health Research and Innovation
- Tropical Australian Academic Health Centre
- Royal Brisbane and Women's Hospital
- Cairns and Hinterland Hospital and Health Service
- Mackay Hospital and Health Service
- Australian National University
- North West Hospital and Health Service
- Torres Cape Hospital and Health Service
- Digital Transformation of Trauma Data Collection (QTDC)
- James Cook University
- Queensland University of Technology
- Princess Alexandra Hospital
- University of Adelaide Health Evidence Synthesis Recommendations and Impact (HESRI)
- University of Western Australia,

RESEARCH GRANTS

- **Trauma Connect [TCNQ-TOFU]** – Trauma Connect North Queensland with trauma outcome follow-up - funded by Motor Accident Insurance Commission (MAIC)
- **TRAUMA-NQ** – Trauma Research and Analysis in the Understanding of Major Accidents in North Queensland - funded by Emergency Medicine Foundation (EMF)
- **The Cost of Complex Trauma in North Queensland** - Funded by SERTA



CONFERENCE PRESENTATIONS

- 02.05.2025: GEMSEM conference (ACEM), Anna Grant, Geriatric Trauma;
- 07.06.2025: WA State Trauma Conference June 2025, Perth, Jones, A., Grant, A., Ben David, M., Inserting with care: Analysing complication rates in intercostal catheter insertion;
- 28.10.2025, TropiQ Research Symposium, THHS, Rye, D., Spring, B., Ben David, M., Grant, A., Finlayson, B., Crowley, B., Buttigieg, S.A., Ely, T., Heather, C., Pillay, T. SUSPECT Study: Surgical Skin Preparation Effect on Complications in Trauma Study;
- 28.10.2025 TropiQ Research Symposium, Spring, B., Ben David, M., Grant, A. Advancing trauma research capacity: Building on SERTA grant success;
- 26.09.2025, Aeromed Conference, Iliff, J., Spring, B., Kumaradevan, S., Cosford, D., Vance, J., Richardson, A., Gardiner, F., Boosting Confidence Through Interagency Aeromedical Simulation Training



KEY RESEARCHERS

- Dr Matan Ben David
- Anna Grant
- Breeanna Spring
- Dr Phoebe Lepper
- Dr Bruce Lavarack
- Brittney Finlayson
- Fiona Whaley
- Tegan Ely
- Dr Madelaine Tarrant
- Dr Tristan Pillay
- Dr Siva Senthuran
- Dr Clinton Gibbs
- Luke Ibell
- Benjamin Crowley
- Kerry Hinschen, CRC
- Dr Amanda McConnell
- Dr Vinay Gangathimmaiah
- Dr Aimee Lee Jones
- Dr Christopher Darlington
- Dr Victoria Burgess
- Michael Ryan



Women's and Children's Service Group

Women's and Children's Services have proudly provided primary to tertiary healthcare across the Townsville Hospital and Health Service, from Richmond to Palm Island and Cardwell to Home Hill.

In 2025, increased research funding deepened our commitment to world-class, evidence-based care by strengthening the link between clinical practice and discovery. This investment empowers staff to operate at their full potential and ensures that patients have access to the latest advances. The Perinatal Research Group, named "Research Team of the Year" at the 2025 TropiQ Townsville Research Symposium, exemplifies this impact. Individual honours included Dr Zoe Byrne's Shark Tank Award for birth equity and Dr Sonja Brennan's recognition for First Nations infant kidney research. Serta Grants awarded to Dr Byrne, Dr Brennan, and Mariann Hadland are expanding high-tech pregnancy care for regional and remote patients and developing broader midwifery continuity models.

For patients, these efforts deliver real improvements, such as better-informed decisions around the induction of labour through research-integrated clinical processes. Through major collaborations like the HUM-TE trial and the Every Week Counts collectives, we remain focused on closing the evidence-practice gap and improving patient and community health outcomes.

It is encouraging to see the year on year growth in clinical research and to see the dreams and aspirations of Townsville University hospital clinicians to improve health care be realised.

Vicki Carson

Service Group Director

Women's and Children's Service Group



Women's & Children's Service Group

New research projects approved in 2025

PRINCIPAL INVESTIGATOR	DEPARTMENT	STUDY TITLE
Mrs Amy Curran (Forbes)	Neonatal Unit	HUM-TE: Comparing incubator HUMidity at Two levels in Extreme Preterm.
Dr Dustin Mills	Paediatrics	Long-term treatment with Azithromycin to prevent bronchiectasis and recurrent cough
Ms Amy Ivey	Paediatric Intensive Care	Building Capacity and Optimising Workforce in Paediatric Intensive Care Units: A Point Prevalence Survey of Clinician Researchers
Dr Gary Alcock	Neonatology	The epidemiology of postnatal Cytomegalovirus infection in a tertiary neonatal intensive care unit
Ms Melissa Freestun	Mother's (Maternity)	Through the Lens of Attachment: Exploring Adult Attachment Styles, Psychological Birth Trauma and the Role of Maternity Care Providers.

Perinatal Research Group



Perinatal Research group consists of researchers from department of Obstetrics and Gynecology, Midwifery, Maternal Fetal Medicine and Neonatology.

The group was recognised across several categories at the 2025 TropiQ Townsville Research Symposium, being named Research Team of the Year. **Dr Zoe Byrne** won the Shark Tank Award for BUSH BABE: Biomarker and Ultrasound Screening in High-Risk Pregnancies – Bridging Access for Birth Equity, and **Dr Sonja Brennan** received the award for Best Oral Presentation for her work on the intergenerational effect of maternal health on infant kidney development, with a focus on First Nations women and infants.





KEY RESEARCHERS

- Dr Yogavijayan Kandasamy, Principal investigator
- Dr Kendall George, Principal investigator
- Dr David Watson, Principal investigator
- Dr Sonja Brennan, Principal investigator/ Co-investigator
- Dr Susan Ireland, Principal investigator/ Co-investigator
- Dr Mary Ghazawy, Co-investigator
- Ms Annemarie Lawrence, Clinical Research Coordinator
- Ms Simone Scully, Clinical Research Coordinator



RESEARCH GRANTS - SERTA

Dr Zoe Byrne: From Lab to Land: Making High-Tech Pregnancy Care Rural-Ready

Dr Sonja Brennan: Developing novel tests to detect fetal growth restriction in regional and remote areas

Mariann Hadland: Exploring Midwives' Experience in Continuity of Care Models in North Queensland – MidEx-NQ



KEY COLLABORATORS

- Dr Gary Alcock, THHS
- Dr Andrew White, THHS
- Dr Cecelia O'Brien, THHS
- Dr Zoe Byrne, THHS
- Dr Nicole Arthy, THHS
- Dr Rachel Taylor, THHS
- Ms Janene Moore, THHS
- Dr Van Eijk, JCU
- Dr Venkat Vangaveti, THHS
- Ms Mariann Hadland
- Ms Cherie Boniface, THHS
- Ms Katie Mandell, THHS
- Ms Sheree Menon, THHS
- Prof Yvonne Cadet-James, JCU
- Dr Daniel Carrol, JCU
- Dr Meegan Kilcullen, JCU
- A Prof. Donna Rudd, JCU
- Dr Danica Vojisavljevic, JCU
- Ms Melissa Freestun, JCU
- Prof Roger Smith – UON/HMRI



COLLABORATING INSTITUTIONS

- Australian Preterm Prevention Alliance
- College of Healthcare Sciences, James Cook University, Townsville, Australia
- College of Medicine and Dentistry, James Cook University, Townsville, Australia
- Hunter Medical Research Institute, University of Newcastle
- Indigenous Health, Mater Research Institute
- Liggins Institute, University of Auckland, Auckland, New Zealand
- Maternal Fetal Medicine Research, The University of Melbourne, Australia
- NHMRC Centre of Research Excellence in Stillbirth, Mater Research Institute and University of Queensland, Brisbane, Australia
- School of Medicine, University of Adelaide, Adelaide, Australia
- School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast, Sippy Downs, Australia.
- The University of Queensland, Brisbane, Australia
- Women's Healthcare Australasia (WHA)



CONFERENCE PRESENTATIONS / PAPERS

- Lawton, S. & George, K. Strengthening endorsed midwives' role in the public sector: The development of a prescribing pathway for endorsed midwives at Townsville Hospital and Health Service.
- ACM Queensland State Conference 2025, Townsville: Change Through Collaboration and Connection, Townsville, May 2025 Woods, C. & George, K. Increasing induction of labour rates at Townsville University Hospital: Aligning clinical processes with research evidence to enhance informed decision making and improve patient outcomes.
- ACM Queensland State Conference 2025, Townsville: Change Through Collaboration and Connection, Townsville, May 2025





Human Research Ethics Committee

The high level of research activity, and the high level of complexity in applications received, continue to require the HREC to maintain two rosters of members to ensure timely turnaround of applications without overloading individual members. We have been fortunate to have continually found experts from all categories of potential members; lay, legal, faith-based, as well as clinical and research-experienced, willing to serve.

Data management and data security, particularly as regards use of large language models and artificial Intelligence in health research, have emerged as dominant themes in an increasing number of applications received by the HREC. Helping us meet this challenge, The newly formed Data Laboratory, led by Rudolf Schnetler, has proven its worth in enhancing and safeguarding research practice at TUHHS. The AQUIRE program is now in its 5th successful year of processing low risk applications for which a waiver of consent is justified. AQUIRE has made the review process for such applications much more efficient and speedier, therefor allowing the full HREC to focus on more complex applications. Other Health Services nationwide are now replicating this protocol.

I would like to acknowledge the contributions of our two Deputy Chairs, Gail Kingston and Mary Leech, clinicians and researchers in their own right, and, especially, Kelly Parker, our Coordinator.

Hudson Birden

Chair

**Townsville Hospital and Health Service
Human Research Ethics Committee**

HREC Report

2025 at a glance

RESPONSE TIMES vs 60-DAY TARGET

High-risk applications



6 days under target

Low-risk applications



24 days under target

76

Applications
Received

51

Applications
Approved

188

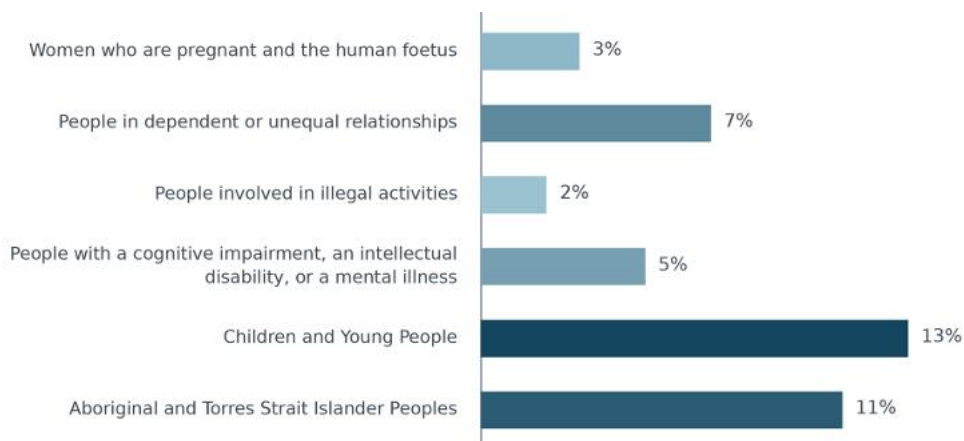
Amendments
Reviewed

62

Non-research
endorsement

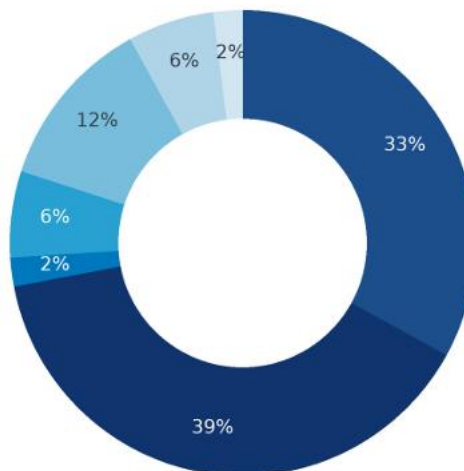
Categories of research:

Reported to the National Health and Medical Research Council



Types of research:

% of total applications approved



Research Governance and Support

Research Governance

Research Governance Office - 2025 at a glance

SSA DECISION TIME vs 25-DAY TARGET

Average decision time



Organisations collaborating with, or conducting research at THHS in 2025:

Organisation	Organisation
AbbVie Pty Ltd	Pathology Queensland
Atlantic Research Pty Ltd	Peter MacCallum Cancer Centre
BioGen Australia Pty Ltd	Pfizer Australia Pty Ltd
Boehringer Ingelheim Pty Limited	Pharmaceutical Research Associates Pty Ltd
Cairns and Hinterland HHS	PPD Australia Pty Ltd
Canberra Health Services	PSI CRO Pty Ltd
Central Coast Local Health District	QIMR-Berghofer
Central West Neurology Services	Queensland Children's Hospital
Commonwealth Scientific and Industrial Research Organisation	Queensland University of Technology
Griffith University	Retrieval Services Queensland
Hunter New England Local Health	Servier Laboratories (Aust) Pty Ltd.
ICON Clinical Research Pty Ltd	Sunshine Coast Hospital and Health Service
IQVIA RDS Pty Ltd.	The George Institute for Global Health
James Cook University	University of Melbourne
MERCK SHARP & DOHME (Australia) Pty Ltd	University of Newcastle
Metro North HHS	University of Queensland
Metro South Health	University of Sydney
Monash University	University of the Sunshine Coast
Parexel International Pty Ltd	

Governance Snapshot

99

SSA Applications Received

66

New projects authorised

911

Total submissions

Research Data Lab

The Research Data Laboratory (RDL) enables research at Townsville University Hospital through a suite of services designed to advance digital health. Core functions include the provision of secure health data and the development of researcher capability in data governance. The RDL assists with the creation of data management plans to ensure that the collection, usage, and storage of information comply with all legislative requirements. Additionally, the laboratory manages specialised infrastructure that facilitates high-quality digital research across the health service.



346

Data service requests completed



6

Research projects onboarded

Capturing Every Breath: New Technology at Townsville ICU to Save Life-Saving Data

Invasive mechanical ventilation is a life-saving intervention for the most critically unwell patients. While modern ventilators generate complex waveforms representing pressure, flow, and volume, this data is typically only visible at the bedside in real time. Once the moment passes, the data is lost. It is not currently stored or transmitted to central monitoring systems within Queensland Health, meaning it cannot be used for historical clinical review, quality improvement, or research.

In a collaborative effort, supported by a Study, Education, and Research Trust Account (SERTA) grant, intensive care specialist Dr Steven Whebell and the Research Data Laboratory (RDL) looked to develop a proof-of-concept project to ensure this valuable information is preserved.

The primary objective of this proof-of-concept study is to develop a bespoke solution for the collection and storage of ventilator waveform data that build a digital bridge from the bedside to a secure storage vault.

By creating a pipeline tailored to the specific infrastructure of Townsville University Hospital Intensive Care Unit (ICU), the project seeks to enable future research into machine learning, automated clinician decision support, and the optimisation of patient-ventilator synchrony. This involved designing and testing specialised collection tools that can communicate with the specific ventilators used in the ICU. Using Raspberry Pi devices attached to the machines, the team can securely capture high-frequency data and transmit it to the RDL's protected data warehouse.

The Research Data Laboratory acted as more than just a technical partner. The RDL team provides the specialised mechanisms and high-level advice required to ensure patient privacy is protected at every stage of the project. By collaborating closely with information technology and security specialists, they have built a system where data is handled with absolute confidentiality. This expertise ensures that all information is collected and stored in strict alignment with national research and record keeping requirements. This means the digital bridge from the bedside to the database is not only efficient but also secure. The RDL team has designed and tested collection tools that can securely capture high frequency data and transmit it directly to the protected data warehouse.

The project recently reached a landmark milestone: **the team is now successfully ingesting data directly from the ventilators into the RDL environment.** This allows for the ingestion of data previously lost, making it available for analysis within the RDL for the first time.

By capturing this data, the RDL is providing the foundation for the future of medical research in North Queensland. This information could be used to develop smart tools that help clinicians predict complications before they happen or use artificial intelligence to tailor ventilator settings perfectly to the needs of an individual patient. This project demonstrates how clinical expertise and data science are coming together in Townsville to improve healthcare. By saving every breath's worth of data today, the RDL and the ICU team are paving the way for better recovery for patients tomorrow.

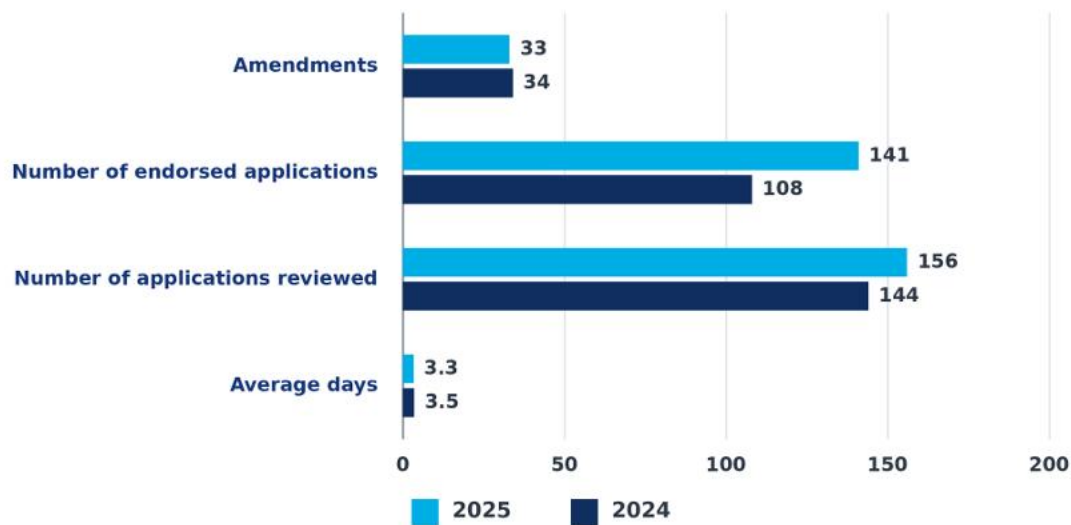
Audit, Quality and Innovation Review (AQuIRE)

In 2025, the Audit, Quality and Innovation Review (AQuIRE) process continued to deliver a rigorous and efficient review service for quality assurance project proposals submitted by staff seeking to disseminate their work beyond Queensland Health. The process was coordinated by Dr Venkat Vangaveti and Dr Erik Biros.

This year saw further growth in activity, with the number of applications reviewed increasing from 144 in 2024 to 156 in 2025—an 8% rise. Endorsements also increased substantially, from 108 in 2024 to 141 in 2025, reflecting a significant uplift in project quality and readiness for dissemination. The average review time improved again, decreasing from 3.5 days in 2024 to 3.3 days in 2025, demonstrating the panel’s ongoing commitment to timely and efficient review processes.

In addition, the panel processed 33 amendments in 2025, consistent with the 34 amendments managed in 2024, indicating a stable level of post-approval activity and ongoing project oversight. These achievements highlight the AQuIRE panel’s dedication to supporting high-quality quality-improvement activities and ensuring the streamlined translation of findings into practice, while continuing to provide crucial support to the HREC in fulfilling its core functions.

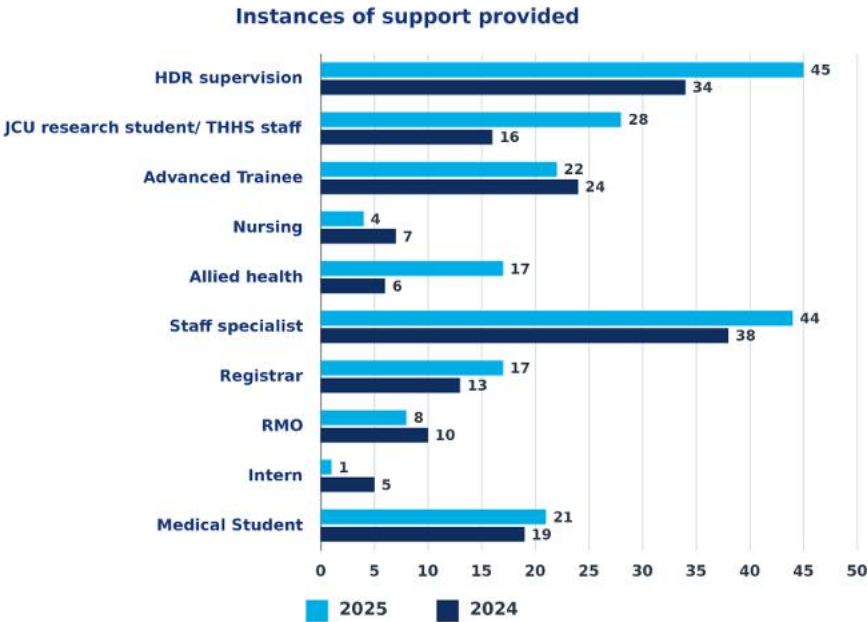
Activity Summary



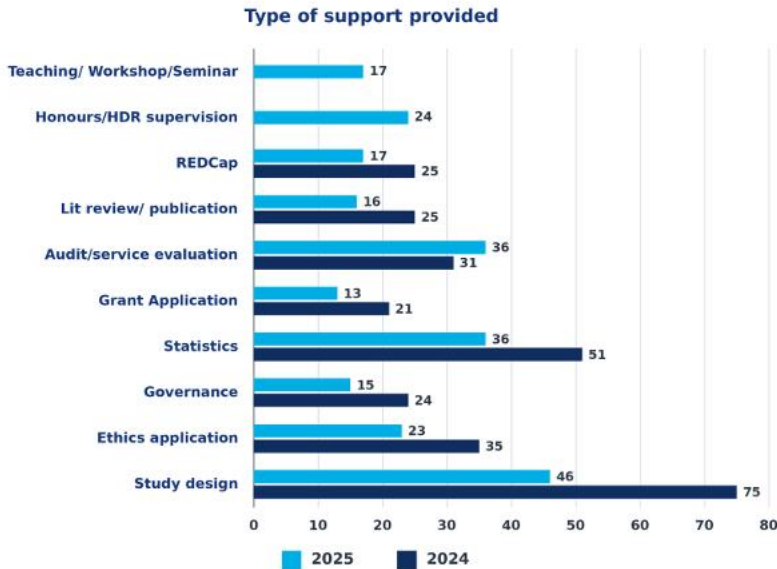
The research support team experienced continued growth in activity throughout 2025, reflecting the expanding breadth of research engagement across the organization. Support was delivered to a wide range of researchers including medical students, interns, registrars, staff specialists, allied health practitioners, nursing staff, advanced trainees, and HDR candidates. A total of 215 instances of support were provided in 2025, representing a substantial increase from 178 instances in 2024.

Support for HDR supervision rose from 34 to 45, and assistance for JCU research students/THHS staff increased from 16 to 28. Notable increases were also seen in nursing (from 4 to 7), allied health (6 to 17), and medical student support (19 to 21). While support for some groups decreased—such as staff specialists (44 to 38) and registrars (17 to 13)—the overall trend reflects broad and sustained demand across most professional groups.

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The **type of support** requested also shifted in 2025. Study design consultations decreased from 75 to 46, but there was growth across multiple other domains, including REDCap assistance (17 to 25), literature review/publication support (16 to 25), governance advice (15 to 24), and specialised teaching/workshops (from 0 to 17). Ethics application support declined from 35 to 23, while audit/service evaluation support remained stable (36 to 31). Statistics support increased substantially, from 36 to 51 instances, demonstrating ongoing reliance on methodological expertise.



The team remains committed to delivering high-quality, tailored support to all researchers, ensuring equitable access to the resources, guidance, and specialized expertise necessary to foster a thriving research culture. The growing demand for support, illustrated in the figures below, highlights both the increasing complexity of research undertaken within the service and the essential role of the research support team in enabling high-quality research activity across the organisation.

2025 Research Education Schedule

Throughout 2025, with the support of colleagues from the Tropical Australian Academic Health Centre (TAAHC), we delivered a comprehensive program of workshops and educational activities, as detailed in the calendar below. The focus areas for these sessions were informed by a staff survey conducted in early 2023, and the findings from this survey continue to guide the planning of future educational offerings to ensure alignment with staff-identified priorities.

These workshops and education sessions are coordinated by individual Hospital and Health Services (HHS). Townsville Hospital and Health Service (THHS), as a member of the North Queensland Research Education Working Group, collaborates with other HHSs across the region to co-design, coordinate, and deliver research education activities. This collective approach enables the efficient provision of high-quality and regionally aligned research education. Regular dissemination of research education opportunities is undertaken through the TIHRI newsletter and through dedicated email communications, ensuring timely and consistent promotion of learning opportunities to staff.

Professional Development, Workshops and events across the year

JAN

- CRRH: Implementing a pharmacist led First Nations medication management service

FEB

- TAAHC Webinar: Research Translation — what, why and where to get good ideas

MAR

- THHS 1-Day Research Skills Workshop
- ORI: Unlocking the Potential of Your IP for Research Impact
- TAAHC Webinar: Seeds of success — how TAAHC funding can get your research growing

APR

- PRAXIS ANMCTN Webinar: Kick-start your career in clinical trials
- TAAHC Webinar: Audits! To make a difference, learn how to do them well

MAY

- TAAHC Webinar Series: How to write a fantastic abstract
- WHRTN: In their own words — managing a small grant project
- THHS Health Economics and Evaluation Training Course
- RR-CLaN Webinar: From idea to action — developing a study protocol

JUN

- 1-Day Research Skills Workshop
- CRRH: How to avoid death by PowerPoint
- TAAHC Webinar Series: How to design a show-stopping conference poster
- RR-CLaN Webinar: An introduction to basic statistical analysis in Microsoft Excel

JUL

- 1-Day Research Skills Workshop
- TAAHC: Demystifying Research Course (run over 6 months)
- TAAHC Webinar Series: Oral presentation skills — 3 and 10-minute research talks

AUG

- 1-Day Research Skills Workshop
- TAAHC Webinar Series: Questionnaire Design
- THHS EMCCR retreat

SEP

- HTQ: Managing conflict of interest (COI) in health and medical research
- THHS Covidence Training webinar

OCT

- TropiQ Townsville Research Symposium
- HTQ: Framework for Consumer and Community Involvement (CCI) in Health Research

NOV

- TAAHC Prac: Research in the Healthcare Environment
- THHS Health Economics and Evaluation Training Course

Townsville Health Library

Library: Your partner in research

In 2025, the Library continued to play a vital role in supporting research across Townsville Hospital and Health Service. As a modern, technology-enabled service, the Library provides access to essential resources, specialised software, expert staff support, and collaborative learning spaces that enable staff to undertake high-quality research.

Throughout the year, Library staff supported researchers at all stages of their projects, providing expert assistance with literature searches and document supply services to ensure access to current and relevant evidence. The Library also maintained access to key research software, including EndNote, Covidence, NVivo and SPSS, supporting staff with reference management and qualitative and quantitative analysis.

In addition to digital services, the Library's physical space continued to provide a welcoming and functional environment for research and study, offering computer access, quiet study areas, and one-on-one troubleshooting and guidance from skilled Library staff.

Through these services, the Library remains a central partner in the research journey, strengthening evidence-based practice, supporting staff capability development, and contributing to improved patient care and health outcomes.

In the library you can:



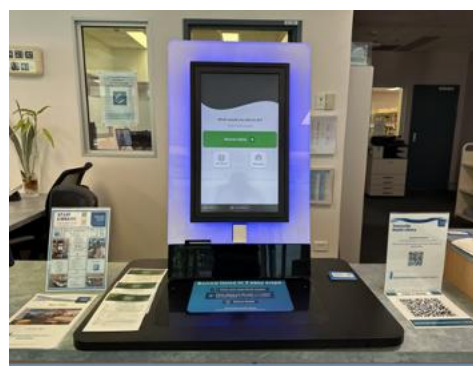
Use a Double-Screen PC



Print and Copy



Collaborate



Check Out a Book

Publication metrics

Highlights of 2025

Publication metrics are sourced from SCOPUS and SciVal as at 5/2/26. Note, 2025 results provided are expected to increase once final 2025 data is available to report from. Final data for 2025 will not be available until June 2026.

% of publications in the
top 10% Journal percentile

26.7%

Peer reviewed publications
by THHS staff

282

^ from 266 in 2024

International Collaboration

27.5%

% publications that involve
international collaborations

Field Weighted
Citation Index:
1.3

30% more than
global average

Citation of THHS publications
above global average (1.0)

Publications by Subject Area

Subject Area	Scholarly Output*	Citations	Researchers	Citations per Publication	Field-Weighted Citation Impact
Biomedical and Clinical Sciences	211	363	108	1.7	1.38
Cardiovascular medicine and haematology	19	23	17	1.2	0.9
Clinical sciences	145	244	66	1.7	1.29
Dentistry	9	3	9	0.3	0.24
Immunology	2	1	2	0.5	0.11
Medical biochemistry and metabolomics	1	0	2	0	0
Medical physiology	1	2	2	2	1.2
Neurosciences	19	26	10	1.4	1.19
Nutrition and dietetics	2	0	2	0	0
Oncology and carcinogenesis	35	41	21	1.2	0.94
Ophthalmology and optometry	1	0	1	0	0
Paediatrics	11	15	13	1.4	1.44
Pharmacology and pharmaceutical sciences	1	1	1	1	0.22
Reproductive medicine	8	8	7	1	0.85
Health Sciences	81	162	59	2	1.7
Allied health and rehabilitation science	9	15	7	1.7	1.41
Epidemiology	6	7	8	1.2	1
Health services and systems	19	31	22	1.6	0.88
Midwifery	3	4	3	1.3	0.96
Nursing	25	33	18	1.3	1.31
Public health	21	18	24	0.9	0.75
Sports science and exercise	1	0	1	0	0
Traditional, complementary and integrative medicine	1	0	1	0	0
Psychology	13	28	12	2.2	1.15
Applied and developmental psychology	1	0	2	0	0
Biological psychology	5	5	1	1	0.9
Clinical and health psychology	5	18	8	3.6	1.21
Biological Sciences	7	15	7	2.1	1.3
Biochemistry and cell biology	2	1	3	0.5	0.11
Genetics	2	11	2	5.5	3.62
Microbiology	3	10	2	3.3	2.01
Other biological sciences	1	0	1	0	0
Human Society	6	0	7	0	0
Criminology	1	0	1	0	0
Policy and administration	4	0	5	0	0
Education	4	7	6	1.8	0.54
Curriculum and pedagogy	4	7	6	1.8	0.54
Specialist studies in education	1	0	3	0	0

Publications by Subject Area (continued)

Subject Area	Scholarly Output*	Citations	Researchers	Citations per Publication	Field-Weighted Citation Impact
Physical Sciences	3	4	3	1.3	0.85
Medical and biological physics	2	2	2	1	0.67
Other physical sciences	2	2	3	1	0.6
Chemical Sciences	1	0	1	0	0
Other chemical sciences	1	0	1	0	0
Commerce, Management, Tourism and Services	1	0	1	0	0
Banking, finance and investment	1	0	1	0	0
Economics	1	0	2	0	0
Applied economics	1	0	2	0	0
Engineering	1	2	1	2	1.35
Biomedical engineering	1	2	1	2	1.35
Law and Legal Studies	1	0	1	0	0
Commercial law	1	0	1	0	0
International and comparative law	1	0	1	0	0
Philosophy and Religious Studies	1	0	1	0	0
Applied ethics	1	0	1	0	0
Multidisciplinary	1	0	1	0	0
Multidisciplinary	1	0	1	0	0

* Some publications cover multiple subject areas. Where this occurs, the publication is counted separately against each relevant subject area.

Library Services Delivered 2025

 81 Librarian-mediated literature searches	 1,076 Articles acquired for staff	 1,428 One-on-one client instruction sessions
 236 Formal information literacy class attendees	 4,144 Information requests handled	 1,462 Active registered library clients

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Health Translation Outcomes Appendix

Individual project details

How Much Is Too Much? Eye Irrigation in Chemical Eye Injuries

Approval Number: THHSAQUIRE-1777

Team: Emma Chapman

Alignment with THHS Strategic Pillars 2023-2026

Improve patient experience; Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 1: Clinical Governance.

Practice issue that was addressed:

Current literature suggests that copious amounts of irrigation with saline should be administered as soon as possible for all patients with chemical eye injuries and continuously until the pH is normal. However, this recommended treatment is vague, undetermined and ambiguous, causing inconsistencies in practice. From clinical experience, a small portion of patients received so much irrigation that it caused unnecessary harm to the cornea, a significant length of stay in the ED and many leaving against medical and not following up with on-going care.

Detail the evidence:

I did a single site retrospective chart review and found that 102 patients over a 2-year period presented with some sort of a chemical eye injury that required irrigation. 30 of these patients received greater than 3 litres of irrigation, with a maximum amount of 30 litres being administered. There was no change in pH or injury severity with 3L of irrigation compared to 4L or more.

Describe the practice change:

It would be recommended that practice is now continuous irrigation for up to 30 minutes only with a maximum of 3L normal saline. This would align with New South Wales, Western Australia, and Victoria Health. Irrigation should be supervised or conducted by a health professional, patients were left to perform their own irrigation, and it was unclear if it was done effectively and appropriately.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Clinical, Service, Administrative

Acceptability

Advancing knowledge

Engagement

IICD-10 Z codes and Adverse Childhood Experiences (ACE)

Approval Number: THHSAQUIRE-1375

Team: Mark Mayall, Brett McDermott, Raja Sadhu

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

CAYAS does not collect ACE categories which are known in adults to be highly correlated with poor mental health outcomes (Fellitti and Anda 1998). We feel clarifying a CYMHS consumer's ACEs are important given a higher burden of ACE suggests a more complex presentation and the likelihood of both a more complex and more trauma-informed intervention. We are reticent to increase the burden on clinicians of collecting measures from consumers and their family. If a way could be found to collect this data using proxy codes from ICD-10 this could improve the service offered to those identified.

Detail the evidence:

ICD-10 Z codes collected routinely from 2108 individuals were analysed to identify Z codes which might serve as proxies for the ACE categories. To understand whether these Z codes were used appropriately during service delivery to indicate ACE categories, randomly selected files of patients having at least one of the above Z codes in their list of diagnoses were reviewed. Subsequently, the associations between several Z codes (serving as ACE proxies), demographic factors, and clinical outcome measures were explored. Significant differences were observed in terms of the mean ACE score of patients when sex, Indigenous status and certain diagnostic groups were considered. Similarly, when patient groups having exposure to different numbers of ACEs were compared, significant differences were observed in outcome scores (HoNOSCA and CGAS).

Describe the practice change:

There is evidence that certain Z codes can act as ACE proxies. This suggests a possible utility of this method in studying other associations and possibly helping to tailor future therapeutic interventions.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Clinical, Service, Administrative

Accessibility

Advancing knowledge

Engagement

Retrospective comparison of morphine oral equivalence (MOE) and pain scores between tapentadol IR and oxycodone IR post arthroplasty replacement surgery

Approval Number: THHSAQUIRE-1802

Team: Harrison Ladyman-Wightman, Natalie Langdon, Jessica Nielsen, Mutya Ysabel Milagrosa Sarito and Faga Harieta Stephen

Alignment with THHS Strategic Pillars 2023-2026

Improve patient experience; Better value care; Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 4: Medication safety.

Practice issue that was addressed:

Pain after surgery is a major concern and the capacity of a prescriber in determining which opioid is the most appropriate is of the utmost importance in providing adequate and gold standard pain management to patients.

Detail the evidence:

Single-center retrospective comparison of patients with post-arthroplasty knee and hip replacement surgery, determining whether Tapentadol or Oxycodone are the better opioid medication post arthroplastic surgery. The overall pain and sedation scores of Tapentadol patients was lower than that of Oxycodone. The length of stay was shorter and the side effects were less common in patients that received Tapentadol post surgery with 84.21% having no side effects recorded.

Describe the practice change:

Potentially improved pain relief and recovery post TKA/THA, intra-departmental impacts.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Medicines and blood products: irrational use of medicines, inefficient use of blood products

Clinical, Service, Administrative

Availability

Advancing knowledge

PROMs, PREMs

Management of Non-Tuberculous Mycobacterium in the Townsville Hospital and Health Service District

Approval Number: THHSAQUIRE-1536

Team: Dr Pradeep Rajagopalan

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Better value care;

Alignment with National Accreditation Standards

Standard 1: Clinical Governance.

Practice issue that was addressed:

NTM pulmonary disease (NTM-PD) represents a significant clinical challenge in the THHS district, with no standardised approach to diagnosis, pre-treatment assessment, or management. This retrospective audit of 77 cases (2016-2023) identified that only 32.5% of patients meeting diagnostic criteria received antimicrobial treatment, and comprehensive pre-treatment evaluation (cardiac, visual, and audiometric assessments) was completed in only 31.2% of cases. The lack of standardised protocols impacts patient outcomes across the respiratory medicine department and related services including infectious diseases, radiology, and pathology. Patients with bronchiectasis (40.3%) and immunosuppression (15.6%) are particularly at risk of suboptimal care without systematic screening and management pathways.

Detail the evidence:

We conducted a retrospective audit of 77 NTM cases diagnosed between 2016-2023 in the THHS district. Data were extracted from medical records on demographics, microbiological results, imaging, pre-treatment assessments, and treatment outcomes. Key findings: Mycobacterium intracellulare predominated (57.1%), followed by M. avium complex (22.1%). Median age was 71 years with male predominance (67.5%). Sputum culture was the main diagnostic method (57.1%), with bronchoscopic sampling required in 29.9% of cases. Treatment rate was 32.5%, most commonly with standard triple therapy (macrolide, rifampicin, ethambutol). Pre-treatment assessment completion was suboptimal at 31.2%.

Describe the practice change:

Based on audit findings, we are implementing: (1) Standardised NTM pre-treatment assessment protocols ensuring systematic cardiac, visual, and audiometric evaluation before initiating therapy; (2) Multidisciplinary care pathways involving respiratory physicians, infectious diseases specialists, and pharmacists; (3) Systematic screening programs for high-risk populations (bronchiectasis, immunocompromised patients); (4) Enhanced clinician education on NTM diagnostic criteria and treatment indications. These changes impact intra-departmental practice (respiratory medicine) and inter-departmental collaboration (infectious diseases, pharmacy, radiology, pathology). For consumers, this means more consistent, evidence-based care with improved monitoring and reduced treatment-related adverse effects.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Tests and procedures: Inefficient use of procedures, investigations, and equipment

Clinical, Service, Administrative

Availability

Advancing knowledge

Engagement

Assessment of Fluconazole Prescribing Practices at The Townsville University Hospital.

Approval Number: THHSAQUIRE-1798

Team: Kathryn Tidmas

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 4: Medication safety.

Practice issue that was addressed:

The 2023 Antifungal NAPS revealed that fluconazole is the most prescribed systemic antifungal agent in the hospital setting and concerning trends regarding the appropriateness of its prescribing. Concerns raised by the infectious diseases and antimicrobial stewardship (AMS) teams at TUH regarding fluconazole prescribing further underscore the necessity of this audit. Completing a fluconazole audit at TUH as part of the participation in the 2024 Antifungal NAPS benchmarked audit will provide essential insights. This audit will assist in optimising fluconazole prescribing at TUH, provide an annual Australia-wide estimate of fluconazole use and identify target areas where prescribing frequently deviates from guidelines. Addressing these objectives through the audit is expected to facilitate improved patient management, reduce drug-related complications, and enhance overall antimicrobial stewardship.

Detail the evidence:

I did a retrospective audit of clinical notes and electronic medical records and found that of the 59 fluconazole prescriptions, 41 were appropriately prescribed (69%) and the biggest reasoning behind inappropriate prescribing was when the indication did not require the prescribing of an antifungal agent (46%). This audit also highlighted that the most common indication in both the TUH data and at comparator hospitals was fungal infection prophylaxis. The treatment of candiduria was the second most common indication for fluconazole and was also the indication with the highest rate of inappropriate prescribing. 83% of fluconazole prescribing for candiduria was deemed to be inappropriate, often due to clinical situations where no antifungal agent was required.

Describe the practice change:

Further education to prescribers and early involvement of infectious diseases and AMS teams could help to improve appropriate fluconazole prescribing and hence reduce concerns of avoidable interactions and adverse events for patients.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Medicines and blood products: irrational use of medicines, inefficient use of blood products

Clinical, Service, Administrative

Awareness

Advancing knowledge

Audit of patients with melioidosis who presented through the Townsville University Hospital Emergency Department during the 2024/2025 wet season.

Approval Number: THHSAQUIRE-1890

Team: Colin Banks, Vinay Gangathimmaiah, Kristen-Jurgen Schroeder, Isaac Tredinnick, Shannon Wong, Maisie Stephen

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

Recognition and treatment of patients with melioidosis that present to TUH ED during a surge associated with increased rainfall. The severity and variety of presentations was significant. Impacts the ED primarily.

Detail the evidence:

Retrospective analysis of all patients presenting through the ED that were diagnosed with melioidosis. Found 57 patients during 24/25 wet season, 20 with severe illness, great variety of presentation, risk factors identified, treatment administered, hospital length of stay, ICU admissions, surgeries, mortality identified.

Describe the practice change:

Impacts on emergency patients presenting with melioidosis, should facilitate earlier recognition and treatment

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Clinical, Service, Administrative

Awareness

Advancing knowledge

Ischaemic Stroke: Audit findings from a Comprehensive Stroke Centre in Northern Queensland

Approval Number: THHSAQUIRE-1660

Team: Stephanie Caldwell, Bronwyn Griffin, Ramon Navarro, Michael Crowe, Firas Alnidawi, Elizabeth Forster

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 1: Clinical Governance.

Practice issue that was addressed:

Endovascular clot retrieval was newly commenced at TUH, there were a lack of studies regarding ischaemic stroke within North Queensland, and no Stroke Telehealth was implemented. We wanted to identify what the demographics, stroke characteristics, interventions and outcomes were within this population.

Detail the evidence:

We did a retrospective qualitative study collecting multiple data (March 2022 - Sept 2023) that showed us how ischaemic stroke looks at this North Qld Comprehensive Stroke Centre. Among 305 patients, the median age was 72 years, 57% were male, and 10.5% identified as First Nations. Common stroke risk factors included hypertension (83%), smoking background (58%) and hypercholesterolaemia (57%). Stroke aetiology was unknown in 42%, followed by cardioembolic (31%). Median onset-to-emergency department time was 90 minutes, and to the CSC was 343 minutes. Thrombolysis was administered to 6% at the referring facility, and 7% on arrival to the CSC (median door-to-needle time, 73 minutes). Endovascular clot retrieval occurred in 11.7% of the primary presenters, with an overall successful recanalisation rate of 89%. The six-month mortality rate was 22%.

Describe the practice change:

Identified a need to enhance iEMR documentation for stroke patients to include the cause of stroke, better plan for stroke workup and to measure and document outcomes. This also identified the high-risk patient demographics to focus stroke prevention with. Stroke time targets were identified as below benchmark, requiring further work to improve practices.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Clinical, Service, Administrative

Awareness

Advancing knowledge

Renal Angiomyolipomas and Delivery Dilemmas: A Case Study

Approval Number: THHSAQUIRE-1753

Team: K.Zhang and S.Prabhakaran

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Better value care;

Alignment with National Accreditation Standards

Standard 8: Recognising and responding to acute deterioration.

Practice issue that was addressed:

Limited research in the Obstetric Medicine space especially for rare conditions.
Need to contribute to body of evidence so that we can improve outcomes for high risk pregnancies.

Detail the evidence:

We presented a Case Study on the antenatal care and delivery outcomes for a patient who was impacted by renal angiomyolipomas (rAMLs) during her pregnancy. We detailed our discussions surrounding safe delivery options in the broader context of cultural sensitivity and patient centred decisions. We did a literature review to outline the pre-existing evidence on the management of rAMLs in pregnancy.

Describe the practice change:

Presented at SOMANZ 2024 as a Poster Presentation.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Advancing knowledge

Does pre pregnancy counselling improve pregnancy planning and pregnancy outcomes in patients with T1 and T2 diabetes.

Approval Number: THHSAQUIRE-1700

Team: K.Zhang, YM.Tan, U. Malabu

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Improve patient experience;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

We recognise that patients with pre-gestational diabetes have higher risk pregnancies than the background population. Logically, a key area of optimisation is in the pre-conception space, however previous meta-analysis reveals a paucity of randomised control trial evidence comparing the impact of pre-conception counselling on pregnancy consequences. We wanted to look at this at TUH.

Detail the evidence:

A retrospective audit was undertaken. The electronic medical records of all pregnancies impacted by PGM was screened from the period 2015-2024 to identify rate of pre-conception counselling and key maternal and neonatal outcomes.

Describe the practice change:

Audit demonstrated poor documentation for pre-conception counselling. In those impacted by T1DM in pregnancy, outcomes were worse irrespective of pre-conception counselling or not.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Clinical, Service, Administrative

Advancing knowledge

Association between indigenous state and severity of coronary artery disease using Leaman score in Australian population

Approval Number: THHSAQUIRE-1766

Team: Sabin Parajuli, Jia En Ashley Lau, Jeremy Ang, Abdul Rahman Mohammed, Sean Latouf

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

Suboptimal diagnosis of coronary artery disease in Australian population

Detail the evidence:

Used scoring system in CT to improve diagnosis

Describe the practice change:

Improves diagnosis of coronary artery disease in Australian population

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Capacity for widespread implementation
Advancing knowledge

An Audit of Induction of Labour Methods and the Delivery Outcomes in 'Low-Risk' Multiparous Patients at the Townsville University Hospital.

Approval Number: THHSAQUIRE-1771

Team: Zoe Byrne, Jessica Little, Arania Sivasubramaniam

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

As per national statistics, induction of labour occurs in nearly 25% of pregnancies, and is usually recommended when delivery of the fetus is anticipated to be safer than continuation of the pregnancy, for either fetal or maternal reasons.

Australian studies have shown that balloon catheters may be a superior method of IOL for nulliparous women, however the data is unclear regarding multiparous women.

Prior to 2021, dinoprostone was the primary method of induction used for patients in the TUH Obstetrics Unit, as per the Queensland Health guidelines on induction of labour.

However, from 2021, many QLD Obstetric Units, including TUH, changed to primarily using cervical ripening balloon catheters to commence IOL.

The following audit aims to assess whether there has been an effect on outcomes for multiparous patients, after the change in protocol of IOL method at TUH in 2021.

Detail the evidence:

A retrospective cohort study allows us to directly compare the outcomes of two groups before and after change in protocol.

Data was collected, for appropriate cases, using the projects inclusion and exclusion criteria between January 1st 2019-December 31st 2019 for Group 1, and January 1st 2023-December 31st 2023 for Group 2. These date ranges have been selected to ensure the cohorts accurately reflect the demographic pre- and post- protocol change of primary IOL method.

Group 1 = Dinoprostone group

Group 2 = Cervical Ripening Balloon Catheter group.

Describe the practice change:

This was presented at the department audit day so a really healthy discussion was had about making sure that we properly examine patients and use dinoprostone when appropriate. In the results we found Rate of caesarean section significantly higher in the cervical ripening balloon group when compared to dinoprostone. It is important to consider this caesarean section rate in the context of this being multiparous women. Why is a multiparous woman needing a caesarean section? Why are they being induced in the first place if they are truly low-risk as per our criteria? Why is there a decrease in length of labour with the balloon? Does this reflect time to CS? Are the labours generally faster? This reflects the conversation that we had and I think this has truly been reflected in the clinical practice in the department. We no longer just use balloons for multis. We have a much lower threshold for dinoprostone for multis.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Capacity for widespread implementation

Accommodation (accommodating the patient perspective eg appointment time to suit patient)

Collaboration

Engagement

Cost-effectiveness analysis of transoral robotic surgery (TORS) versus radiotherapy alone for early-stage HPV-associated oropharynx squamous cell carcinoma in Australia

Approval Number: THHSAQUIRE-1911

Team: Daniel Xing

Alignment with THHS Strategic Pillars 2023-2026

Better value care;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

HPV-associated oropharyngeal squamous cell carcinoma (HPV-OPSCC) is the most common head and neck cancer in Queensland. Transoral robotic surgery (TORS) and radiotherapy are both recognised as effective treatment options for early-stage HPV-OPSCC. TORS offers the benefit of a shorter total treatment duration; however, a proportion of patients still require adjuvant radiotherapy with or without concurrent chemotherapy. Given the equivalence in oncological outcomes and difference in potential costs associated with these two treatments, we sought to perform an economic analysis to assess the incremental cost-effectiveness of TORS compared to radiotherapy.

Detail the evidence:

Cost-utility analysis

Describe the practice change:

Assist the health policy decision making

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Sustainability

Availability

Collaboration

Engagement

Enterococcus Faecalis Aortic Valve Infective Endocarditis in the Third Trimester of Pregnancy presenting with Septic Cerebral Emboli

Approval Number: THHSAQUIRE-1863

Team: Emily Everson, Matisse Fox, Natasha Frost

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Improve staff experience; Improve patient experience; Better value care;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

Issues: recognition of IE in pregnancy (diagnostic challenge), rapidly responding to an acutely deteriorating patient, early involvement of the MDT and inter-departmental communication when managing complex pregnant patients. This case had representation from over 10 disciplines including medicine, intensive care, cardiothoracic surgery (CTS), anaesthetics and maternal fetal medicine.

Detail the evidence:

Although there is a low incidence in pregnancy of 0.006%, infective endocarditis (IE) is associated with significant maternal and fetal mortality of 33% and 14%, respectively. Peripartum IE carries a high risk of complications, including septic emboli, septic shock, and need for mechanical ventilation. Despite this, there is a significant lack of understanding of IE in pregnancy, including management of feto-maternal complications, secondary to a lack of available data and evidence-based guidance. This case outlines the successful management of a late preterm pregnancy, complicated by significant maternal disease which ultimately manifested as Enterococcus faecalis IE, likely from an infected parastomal wound. Key points include the early involvement of multidisciplinary teams, balancing risks of bleeding vs thrombosis, optimal surgical timing and continuing to consider fetal outcomes in the context of severe maternal morbidity. We conducted a literature search with 15 citations (both meta analysis, retrospective studies, and case reports) included in the published case report.

Describe the practice change:

IE presentation may be dependent on the distribution of septic emboli and may present atypically, with diagnosis requiring a high index of clinical suspicion. IE in pregnancy should be managed by multidisciplinary teams, to balance the maternal and fetal priorities and improve prognosis.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Medicines and blood products: irrational use of medicines, inefficient use of blood products
Clinical, Service, Administrative
Awareness, Collaboration, Engagement

Exploring Pharmacist Interventions in a Regional Psychiatric Setting

Approval Number: THHSAQUIRE-1788

Team: Christopher Brown, Ashik Santhosh, Mitchell Westcott, Joseph Garcia, Matthew Syrnyk, Alexandra Ryan, Beverley Glass

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Better value care;

Alignment with National Accreditation Standards

Standard 4: Medication safety.

Practice issue that was addressed:

Mental health disorders affect nearly one in eight people worldwide, with the management of these conditions often requiring complex treatment approaches. Psychotropic medications are essential in treating mental disorders, but present challenges due to side effects, interactions, and poor patient adherence. Pharmacists in multidisciplinary teams optimise therapy and reduce drug-related problems, yet their integration in Australian psychiatric inpatient care, especially in regional centres, remains inconsistent and under-researched. This study aims to investigate the nature and extent of the pharmacist's role in a regional psychiatric inpatient setting. The impact spans across the THHS as patients taking psychotropic therapies are admitted in nearly every ward context.

Detail the evidence:

A retrospective clinical audit was conducted using data from the Adult Acute Mental Health Inpatient Unit at the Townsville University Hospital from December 2020 through to November 2024. Inclusion criteria were patients aged 18 to 65 diagnosed with mental illness and prescribed at least 2 psychotropic medications. The study focused on documented pharmacist practices, pharmacist interventions, and charted psychotropic medications. The primary outcome measure involved assessing the number of documented pharmacist practices across the study period. Secondary outcomes were classifying the types of pharmacist practices and interventions performed.

Describe the practice change:

Performance of routine pharmacist practices (medications history, medicines reconciliation, counselling) in a regional psychiatric inpatient unit increased the likelihood of actionable clinical interventions. Standardising pharmacist participation in psychiatric inpatient settings could raise intervention rates, reduce psychotropic-related drug-related problems, and support safer discharges. These findings may inform policymakers with locally relevant evidence to guide workforce and resourcing models for pharmacist integration in mental health services.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Through expanded scope models of care
Clinical, Service, Administrative
Awareness, Collaboration

Review of the Nutrition and Food Service Provision to SMHRU

Approval Number: THHSAQUIRE-1717

Team: Sophie Deeth

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes; Improve patient experience;

Alignment with National Accreditation Standards

Standard 5: Comprehensive care.

Practice issue that was addressed:

The Alec Illin Secure Mental Health Rehabilitation Unit provides high-quality mental health care within a secure setting, prioritizing the safety of both consumers and the community while respecting individuals' rights to receive treatment in the least restrictive manner possible. It offers a structured environment aimed at facilitating rehabilitation and promoting recovery.

The SMHRU has capacity for 25 consumers and is a service of Townsville University Hospital and Health Service, it is located in a separate unit to the main hospital. Approximately 80% of the consumers currently admitted to SMHRU are Aboriginal and Torres Strait Islander. The average length of admission is two years and the longest admission is 13 years.

Meals are produced and plated in the main kitchen within TUH and transported to the facility for main meal service. Consumers select their meal and food options in advance for lunch and dinner from paper menus that are delivered daily by food service staff. Breakfast is a continental selection of cereal, toast, juice, fruit and yoghurt. The breakfast service has recently changed to also include one hot meal option three times a week of canned baked beans, canned spaghetti or scrambled eggs. Midmeal snack options are purchased by the unit using a standing order form and delivered in bulk from the main kitchen and consist of fresh fruit (bananas, apples, oranges, seasonal fruit), custard, fruit cups, sweet biscuits, cheese and crackers and madeira cake.

Detail the evidence:

Methods

The project was conducted at the Alec Illin Secure Mental Health Rehabilitation Unit from March to June 2024 using a Plan-Do-Study-Act quality improvement approach. Consumers and staff who consented participated, and data were collected through menu analysis tools, meal quality audits, mealtime observations, and qualitative interviews. Consumption was recorded using a 5-point scale, and all data were deidentified and stored securely. As the document notes, data collection included "date, meal period, day of menu cycle, food item and how much was consumed using a 5-point scale."

Results

The menu met many Queensland Health standards but failed to meet key areas such as consumer involvement, menu access, and annual satisfaction or plate waste audits. Plate and tray waste were high, especially at dinner, with vegetables and soups showing the greatest waste, while bread and protein were well-consumed. Meal quality audits met appearance and sensory KPIs but not temperature accuracy. Interviews with staff and consumers highlighted themes of limited variety, poor vegetable acceptability, cultural mismatch, high discretionary food intake, and strong support for cooking activities that build skills, engagement, and cultural connection.

Describe the practice change:

Several recommendations were developed with the goal of improving practice, patient nutrition and patient satisfaction.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Clinical, Service, Administrative

Collaboration

Engagement

Applying multiaxial classification framework in clinical practice

Approval Number: THHSAQUIRE-1606

Team: Dr Mark Mayall

Alignment with THHS Strategic Pillars 2023-2026

Improve staff experience; Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 6: Communicating for safety.

Practice issue that was addressed:

There is considerable overlap between developmental-behavioural paediatrics and child and adolescent mental health, including presenting clinical problems, diagnoses, multidisciplinary and holistic approach to assessment and management, and similar use of pharmacological agents and psychosocial interventions. However, for each clinical area, training differs and communicating about presenting problems can be challenging, particularly with increasing complexity. Existing literature has identified this issue, and we have routinely come across this in our work; feedback from our colleagues working in this area has also provided direct supporting evidence of this issue in practice within the THHS.

In everyday practice, diverse health care professionals from differing training backgrounds must routinely communicate varied and often complex details to support shared care.

Multiaxial classification can be of use to clinicians in a variety of ways, both in clinical practice and for teaching purposes. Applying this model has potential to enhance communication and shared understanding between staff involved in the mental health care of children including psychiatry, paediatrics, and allied health disciplines.

Detail the evidence:

The training manual for delivery of training to initially allied health clinicians within CAYAS is still in development. Planned for first roll out of delivery in late 2026. Subsequent to this, training will also be offered to psychiatry and paediatric staff.

Describe the practice change:

To be determined on completion of initial training roll out, and feedback from clinicians.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Clinical, Service, Administrative

Awareness

Culture

No Impact

Equity in cancer care for the culturally and linguistically diverse populations: a regional, tertiary centre perspective in Queensland, Australia

Approval Number: THHSAQUIRE-1716

Team: Matthew Hon, Malar Htut, Shivanshan Pathmanathan

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 1: Clinical Governance.

Practice issue that was addressed:

Adherence to Cancer Australia Australian Cancer Plan is important in optimising outcomes in cancer. At risk groups highlighted by Cancer Australia include CALD and First Nations populations. This project evaluated adherence to guideline timeframe recommendations in these important groups with aim to identify barriers potential barriers to Townsville University Hospital delivering first class care to vulnerable populations.

Detail the evidence:

Quantitative study evaluating key timeframes in the investigation/work up and management of breast cancer patients. Adherence to guideline recommendations was determined.

Describe the practice change:

Ongoing involvement of key stakeholders and consumer advocates is needed to improve timely cancer care in CALD and First Nations populations. Better provision of cultural specific tools, translated material, and cultural officers have been identified as useful strategies to improving provision of healthcare.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care

Clinical, Service, Administrative

Awareness

Culture

Engagement

Standardising adherence to Queensland clinical guidelines for early term induction of labour at Townsville University Hospital

Approval Number: THHSAQUIRE-1772

Team: Samuel Tredinnick, Ingrid Nylander, Katherine Bird, Berna Venter

Alignment with THHS Strategic Pillars 2023-2026

Enhance patient outcomes;

Alignment with National Accreditation Standards

Standard 1: Clinical Governance.

Practice issue that was addressed:

Inappropriate early-term inductions of labour cause more workload, with increased risks, and poorer maternal/fetal outcomes.

Detail the evidence:

We did a post-implementation audit checking maternal and fetal outcomes since using the paper-based/centralised induction of labour booking system.

Describe the practice change:

We are now using paper-based induction of labour booking request systems that are reviewed by a CM and O&G SMO prior to booking/scheduling to ensure adequate and evidence based criteria are being met.

Relevant impacts your project has had across the 5 domains: Efficiency, practice change, Access, Research, and consumers.

Service: Inappropriate admission, length of stay. Suboptimal quality of care
Clinical, Service, Administrative



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